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ABSTRACT

This document presents the teacher's guide for an experimental research and demonstration project which focuses on the prevention of drug abuse among youth through self-management and resistance training. The major purpose of the curriculum described in this document is to prevent and reduce the incidence of habitual cigarette smoking and of alcohol and marijuana abuse among students in grades six through nine. An introduction and an explanation of the project's theoretical sources are followed by a description of the operationalization of Project SMART (Self-Management and Resistance Training). Project SMART activities, peer skill leaders, role playing, peer skill leader training, and ideas on how to answer questions about drugs are discussed. Fact sheets on drugs are included. The second part of the document contains the 12 program sessions of the Project SMART curriculum. Sessions A and B concern choosing students to be skill leaders and skill leader training. Curriculum sessions 1 through 10 are: (1) Welcome to SMART; (2) Consequences; (3) Prevention Baseball; (4) Techniques to Say "No"; (5) Peer Pressure Resistance; (6) Normative Expectations; (7) How Advertising Influences Us; (8) Developing Anti-Drug Commercials; (9) Adult Influences; and (10) Standing Up For Myself. For each session, the main objective is stated and a list of necessary materials is provided. Individual activities within each session are described along with the time needed to complete the activity and the presentation method used. Worksheets used in the curriculum are included. (NB)

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PROJECT SMART

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TEACHER'S GUIDE

BEST COPY AVAILABLE

PROJECT SMART

A SOCIAL APPROACH TO DRUG ABUSE PREVENTION

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PROJECT SMART

A SOCIAL APPROACH TO DRUG ABUSE PREVENTION

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INTRODUCTION

Welcome to PROJECT SMART!

Project SMART, Self Management And Resistance Training, is an innovative, experimental research and demonstration project developed by USC's Institute for Health Promotion and Disease Prevention Research. Project SMART was developed specifically to focus on the prevention of drug abuse among youth.

The high proportion of young people who use and abuse alcohol, marijuana, and tobacco continues to be a serious national concern. The abuse of these substances puts young people at risk for serious health and social consequences. Tobacco is a well known risk factor for lung cancer, emphysema, and heart disease. Alcohol abuse is associated with a number of severe health problems (including cancer and heart disease) and is highly related to accidents, the leading cause of death among teenagers. While many of the health consequences of smoking marijuana are unverified, many of the chemicals in marijuana smoke are known carcinogens.

Project SMART is the result of years of study by members of the project staff. Our research has shown that many people believe that cigarette smoking, alcohol use, and marijuana use are dangerous. Furthermore, young people typically do not want to use these substances and claim they never will. If young people know these substances are bad for them and say they don't want to use them, why do so many start smoking cigarettes, using marijuana and drinking alcohol?

There are several answers to this question. Our research, as well as numerous anecdotal reports, suggests that the problem lies not with the students' knowledge or intentions, but with their ability to resist the many subtle pressures that are exerted on them to smoke, drink, and get high. Knowing what the pressures are and developing skills to resist these pressures are keys to preventing drug abuse in youth.

The major source of pressure that young people experience to try drugs is from their peers. PEER PRESSURE has many forms. It may be overt and hostile with children being dared, ridiculed or even threatened by others. On the other hand, pressure may be "friendly" in that drug use may be seen as a way of meeting new people, becoming part of a group, or enhancing one's status in the eyes of others. For many, there is the subtle pressure to engage in drug use that comes from the false belief that everybody else is doing it.

Project SMART teaches students how to deal with the different forms of peer pressure by having them practice resisting pressure in a variety of situations. By mobilizing the positive influence of respected students in each classroom, we expect to strengthen students' abilities to resist the powerful influences of peer pressure.

There are other sources of pressure which we know to play a role in the development of drug use habits. These include pressures from ADVERTISEMENTS and ADULTS. Advertisements for alcohol and tobacco, television, and public events such as rock concerts, frequently portray drug use as socially acceptable and desirable. Teaching students to identify and respond with skepticism to pressures from advertisements is expected to enhance their ability to resist pro-drug appeals found in the advertising of alcohol and tobacco.

ADULTS, particularly parents and older family members, exert profound influences on young people. Children who are smokers and problem drinkers are far more likely to have parents who also smoke and drink excessively. Youngsters tend to model the behavior of adults whom they respect and admire as well as those with whom they come in contact every day. Project SMART deals with adult influences by drawing attention to them, suggesting strategies for resisting pressures from adults to use drugs and calling upon adults' almost universal potential support for children not to abuse drugs.

Project SMART teaches resistance skills at several levels. Students first learn key concepts and practice identifying pressure situations. Students then observe role models demonstrating simple techniques for resisting pressure. Following this, students practice the resistance techniques that have been demonstrated and, over time, through practice and reinforcement, develop personally efficacious strategies that apply to a variety of situations.

Project SMART utilizes a variety of techniques to present information in an interesting and entertaining way. The entire curriculum is activity-oriented with few didactic moments. Of particular value is the use of skill leaders who are used to provide students with a role model. Research has demonstrated that peer leaders are essential to the long-term success of a prevention program.

We are excited about Project SMART and its potential impact for preventing drug use among our youth. The preparation of this curriculum has been a labor of love on the part of many. We hope you enjoy implementing it in your classroom.

THEORETICAL SOURCES

Project SMART is based on theory and data. Each component has been designed to reflect the best ideas that social scientists in the twentieth century have presented. These theories and the sessions with which they are associated are discussed below:

Social Learning Theory	(Bandura) This theory states that there is a continuous interaction among a person's behavior, events going on inside the person, (thoughts, emotions, expectations, etc.) and the environmental consequences of the behavior. The reinforcement people expect from behaving in a particular way is derived from a social context wherein an individual learns vicariously by observing the rewarding or punishing of others' behavior. Respected role models are likely to be imitated. Perception of your own ability to successfully perform behaviors in order to get reinforcement also determines whether or not you will try a new behavior.
Attribution Theory	(Bem, Kelley, Jones) The aim of this theory is to explain the way in which people try to account for their own and others' behavior. We observe people's actions in a given setting and proceed to actively search for the reasons for these acts. From observing someone's actions, we make inferences about their motivations. Much of attribution theory focuses on helping people feel in control of situations in which actual control is ambiguous.

Social Comparison Theory	(Festinger) The central idea of this theory is that people need to compare themselves to others in order to evaluate their own abilities and opinions. When a discrepancy or inconsistency exists between one person's position and that of others, the individual moves toward the normative position.
Social Influences on Perceptions	(Asch) This research demonstrates that the social pressures towards uniformity can affect what a person does even when the person has strong personal reasons to act differently from the group. The ideas and attitudes we embrace as our own often come from the groups to which we belong.
Normative Expectancy	(Fishbein/Ajzen) This model takes into account an individual's attitudes toward performing a behavior, the value of the behavior, the social normative beliefs (what you expect others to believe) about the behavior, and the individual's motivation to comply with these norms. Thus, intentions are determined by a combination of social and personal beliefs.
Attitude Change	(McQuire) Attitude theory states that there are three components to attitude: affective (emotional), cognitive (knowledge/beliefs), and connation (tendency to act). Attitude and behavior are in a cyclic relationship being affected on an intrapsychic level (personal) and extrapsychic (environmental) level. Some ways that attitudes may be changed are through cognitive rehearsal and innoculation. The former deals with mental rehearsal during which an individual develops his attitude(s) towards a person, idea, etc. The latter deals with "doses" of new ideas to which an individual is exposed. By repeated

exposure, the individual develops attitudes towards this idea which may be reflected in his behavior. In SMART, this is achieved by various exercises such as: role playing, "When Were You Influenced?", and "Standing Up To Pressure."

Yale Model

(Hovland, et. al.) Attitudes are changed or influenced by altering the beliefs that people have.

This approach specifies four kinds of processes that determine the extent to which a person will be persuaded by a communication.

a. Attention - attendance of audience, volume.

b. Comprehension - message is understandable and salient to audience.

c. Acceptance - message is acceptable by the audience.

d. Retention - message is retained; "staying power" of message.

Acceptance of message is determined by the following

a. Source (persuader) - source's credibility, expertise, trustworthiness.

b. Audience - level of intelligence, underlying attitudes, personality, self-esteem, etc.

c. Communication itself - order of the arguments, explicitness of the conclusions, one-sided vs. two-sided messages.

d. Audience reactions - reactions of the audience moderate the impact of the message.

Belief System Theory	(Rokeach) This theory states that once inconsistencies in opinion and beliefs that a person holds are made salient, a major re-orientation in the person's belief system may take place. Thus, a person's attitude may be changed by pointing out inconsistencies in the person's belief systems.
Cognitive Dissonance	(Festinger) This theory states that discrepancies or inconsistencies cause an uncomfortable mental tension that people try to reduce or eliminate. A major component of this theory is the behavioral commitment which, once voiced in public, will be more difficult to change, since doing so would create much tension.
Diffusion of Innovation	(Rogers) This theory describes the process by which an idea (practice, object which is perceived as new) is communicated via certain channels over time to members of a social system with established norms. The social structure affects the way in which an innovation diffuses within the system. Opinion leaders within the social structure hasten this process by informally influencing others' attitudes and behaviors. If the opinion leaders are seen as credible, having a higher social status, etc., they may uphold and/or establish an new norm for that group.
Socratic Method	(Socrates) Philosophical method of systematic doubt and questioning of another to reveal hidden ignorance.

THEORETICAL OVERVIEW

COMPONENT	SOURCE	SESSION	
1.	Mobilization of powerful peer influences	Social Comparison Theory (Festinger) Yale Model (Horland, et al.) (Horland, et al.) Diffusion of Innovation Theory (Rogers) Social Learning Theory (Bandura) Group Dynamics Approach (Lewin)	(Throughout SMART) particularly 4, 5, & 6
2.	Socratic Method of Instruction	Socrates Social Comparison Theory(Festinger)	Socratic Method throughout SMART (1-10)
3.	Skills Training	Social Learning Theory (Bandura) Attitude Change (McQuire) Cognitive Dissonance (Festinger)	4, 5, 8
4.	Normative Expectance Clarification	Normative Expectancy Ajzen/Fishbein	6
5.	Establishing Consensual Validity	Group Dynamics Theory (Lewin Belief System Theory (Rokeach) Social Comparison Theory (Festinger) Social Influences on Perceptions (Asch)	1, 2, 6
6.	Public Commitment	Cognitive Dissonance Theory (Festinger) Attribution Theory (Bem, Kelley, Jones)	10
7.	Cognitive Rehearsal, Attitudial Innovation	Attitude Change (McQuire)	6, 8, 9
8.	Media/Advertising	Yale Model (Hovland, et al.) Diffusion of Innovation (Rogers)	7, 8

OPERATIONALIZING PROJECT SMART

1. The organization of Project SMART.

   The following curriculum contains 12 sessions. Session A deals with identifying students as skill leaders. Session B details how the skill leaders are trained for their roles in the classroom. These sessions need to be completed prior to the beginning of the actual program. Lessons 1-10 represent the core program. Each lesson is arranged by activities which total approximately 45 minutes. Any worksheets or homework assignments which are referred to in the lesson can be found at the back of the guide. If specific materials are needed to implement the lesson, they are listed on the first page of each session.

2. Classroom atmosphere.

   Project SMART is designed to involve students actively. At times, students are asked to share information about themselves. At other times, students practice ways of interacting with others. Students are encouraged to share their feelings and experiences and to raise any questions that they have. It is important that we all create an emotionally safe environment and that we support high degrees of student involvement. The skill leaders can be helpful in creating such an environment.

3. Project SMART is NOT drug content-oriented.

   Our experience in prevention has demonstrated that although a knowledge base is relevant and probably necessary for behavior change, it is usually not sufficient. Furthermore, a program that dwells on drug classification by pharmacological effects can actually prove to be counterproductive. Many of the earlier drug prevention programs that emphasized drug classification appeared to promote drug experimentation, perhaps because they aroused curiosities about drugs and drug experiences. At the same time, we feel strongly that student questions related to drugs should be answered. The Project SMART question box was created with this end in mind.

We devote the question box to content and deliver the information that is needed to maximize the mastering of resistance skills.

4. Project SMART is NOT didactic. The role of the classroom teacher is to catalyze and support.

   The information and skills training are presented in a nontraditional manner. In Project SMART, the classroom teacher does not teach to students. Rather, they facilitate the delivery of skills training activities. The program has been designed to encourage students to generate information rather than receive information. The roles are new ones for many who are involved. Our experience has shown that students can and do solve problems. It may just take a little time.

ALL ABOUT PROJECT SMART ACTIVITIES

Many of the activities in Project SMART are done with students working individually. Others have students working with a partner, a skill leader, or in groups. Certain types of activities are repeated throughout Project SMART. The following are brief descriptions of the types of activities in Project SMART.

Skill leader Demonstration

In this type of activity, the skill leaders will come to the front of the class and demonstrate the skills that will be taught in the session. They will have received training on the skills to be demonstrated.

Skill Rehearsal

Each student will practice the skills that were modeled in the skill leader demonstration. Skill leaders will provide the students with the opportunity to rehearse the skills.

Role Play

Each student will develop and practice role plays using the skills taught in the session. Refer to the next section, ROLE PLAYING, for additional information.

ALL ABOUT SKILL LEADERS

One of the most consistent findings from our earlier research is the effectiveness of peer opinion leaders in implementing the program. By using peer leaders, the program gains immediate credibility, the best potential role models are activated in support of the program, and the most powerful source of social reinforcement in the young people's lives is channeled to promote non-drug related behaviors in their fellow students.

Project SMART takes advantage of naturally existing leaders in your classroom. We train these leaders to act as skill leaders in Project SMART activities. To maximize their effectiveness, we suggest the following:

1. Skill leaders should be identified by students rather than teachers. Teachers may have some discretion as to the leaders picked, but it is not encouraged.
2. Skill leaders identified by students must be informed of their unique status. They should be praised for that honor and apprised of the responsibilities the position carries with it.
3. Skill leaders must be recruited voluntarily. If a student prefers not to accept the role, he or she should be encouraged but not coerced into accepting. Move on to the next most frequently nominated student on the list and ask for that person's participation.

OPTIONAL SKILL LEADER ACTIVITIES

Some of the skill leaders' roles are considered to be standard, such as those described in the previous section. Below are some optional activities you may wish to use in your classroom.

Session One - Question Box

During Session One the students anonymously write down questions they have about drugs. You may choose to have the skill leaders answer the majority of these questions.

Although Project SMART is not information-based, the students still need to have their questions answered. In order to keep from giving students an excess of information that may actually increase their use, a question box is utilized. This "box" may take any form - a shoe box, a one pound coffee can, or an oatmeal box. You may want to decorate the box.

The box is to be left in the classroom at all times so that students may drop any written questions they may have in the box at any time. Students' names are not necessary; however, if you teach multiple classes, you may want to have the students include the class period.

No time is specified in the curriculum for answering the questions; therefore, you may want to add an additional session for doing so, or utilize extra time that may be available at the end of some sessions.

When answering the questions, try as much as possible to encourage other students to give the answers. This will help you determine their level of knowledge and avoid giving the students too much information. Clarify any misconceptions they may have.

Skill leaders may also be used to answer the questions instead of you.

Session Three - Prevention Baseball

Have a skill leader ask the questions to the participating teams. Have another skill leader keep score.

Session Six - Normative Expectations

Have skill leaders present the statistics regarding the actual number of students who use drugs.

Session Ten - Standing Up For Myself

Have the skill leaders be in charge of videotaping, including interviewing their fellow students.

Homework

Have the skill leaders make a Project SMART homework chart for the classroom. Make them responsible for recording the returned homework assignments.

Group Work

When students work in groups, have the skill leaders act as the recorder.

Posters

Have skill leaders make posters for their class/school describing Techniques to Say "No", anti-drug slogans, etc.

SUPPLEMENTAL ACTIVITIES

The supplemental activities are designed to be used to enhance the standard curriculum.

The DRUG USE SURVEY provides a way to teach students about the actual drug use rates in their school, in a way that is believable and convincing to them. Students do not seem to believe that national statistics of drug use apply to their own specific group. By surveying, anonymously, the student's own school population, the student gains information on the relatively infrequent use of drugs in the environment that is most important to him or her.

LETTER WRITING is an activity designed to enhance social activism regarding drug abuse prevention, in a way that is well-accepted and effectual. Students learn that they can voice their opinions about the media's portrayal of drug use and of Project SMART itself. A model letter is provided for use as a guide.

The CROSSWORD PUZZLE is purely for the students' enjoyment. Drug-related terms that have been learned in Project SMART are included in the puzzle, so completing the puzzle will be one indication that the students have mastered the definitions and concepts of drug abuse prevention.

DRUG USE SURVEY

NOTE: There is no need for alarm. The identifying information on the survey found on page 67 is deleted in the exercise prior to students completing the survey.

The survey which follows may be distributed and tallied prior to Session 6, Normative Expectations. It provides statistics on drug use rates within your school. We recommend that you survey all Project SMART classes within your school and report those results to the students so that the statistics are truly representative. Do not present statistics collected only from your class.

1. Explain the following to the students:

   "During Project SMART we are going to be talking about drugs and how many people at this school may drink alcohol, smoke cigarettes, or use other drugs. If we just guessed on the number of students at this school who use drugs, our answers probably wouldn't be very accurate. So, I have this questionnaire for you to fill out so that we can get some exact answers."

2. Distribute copies of the DRUG USE SURVEY instructing students NOT to fill anything in.

3. Discuss the believability of the results of a survey such as this.

4. Ask the students why they think the results of the survey might be inaccurate. List their answers on the board. The list should include motivations to lie for the following reasons, as well as others:

   a. The teacher would know who you are.

   b. The teacher could call your parents.

5. Explain to the students that you agree that the results from this survey would probably not be very accurate or true. You also agree with the reasons they gave which are listed on the board.

6. Discuss the importance of having a questionnaire which is believable using the following for discussion:

"I don't want to be caught with incorrect answers just because I guessed. Since you've already told me that the other survey wouldn't be very believable, tell me what we should do to change this next survey. Is there anything you think I should take off?"

7. Have the students re-design the survey, deleting all but the actual questions if necessary.

8. Discuss the collection of the completed surveys with the students using the following for discussion:

   "Think about the collection of the surveys once they are completed. How should they be collected so that we can keep them anonymous?"

9. Have the students generate ideas for collection. One method might be to have the students individually take their paper to a spot in the room and lay it on a pile upside-down. Another student could then shuffle them.

10. Ask the students the following:

    "Does anyone think they might not be able to tell the truth on this questionnaire?"

11. Distribute the questionnaire having the students make the necessary changes on it as they discussed. Collect the surveys per the student's instructions.

12. Explain to the students that the results will be tallied by both you and a Skill leader, and will be presented in a later Project SMART session.

NOTE: Prior to Session Six, tally the results for the entire grade level, determining a percent of use. It is highly advisable to combine the results from several different classes, preferably the whole school.

NAME ______________________________

ADDRESS ___________________________

____

HOME PHONE ________________________

PERIOD ____________________________

DATE ______________________________

DIRECTIONS: Answer the following questions as honestly as possible. Your answers will be tallied and used in class as part of a lesson during this week in Project SMART.

DRUG USE SURVEY

Circle your answer:

1. Have you had any alcohol to drink in the past 30 days?

   YES (just a sip)   YES (more than a sip)   NO

2. Have you smoked one or more cigarettes in the past 30 days?

   YES   NO

3. Have you been drunk or felt drunk in the past 30 days?

   YES   NO

4. Have you smoked one or more marijuana cigarettes in the past 30 days?

   YES   NO

LETTER WRITING

Letter writing activities may be incorporated as part of Project SMART. The purpose of letter writing may be two-fold:

1. To let the media know that you support/don't support their show because of what is shown regarding drug use.

2. To write in support of Project SMART.

Below are examples of organizations to write to and a practice letter that may be copied and distributed to the students.

National Television Stations

CBS Entertainment
A Division of CBS, Inc.
Television City, 7800 Beverly Blvd.
Los Angeles, CA 90036
(213) 852-2825
Michael S. Brockman, V.P.
Daytime and Childrens Programs

NBC Entertainment
30 Rockefeller Plaza
New York, NY 10112
(212) 664-4444
Arlene Engleman
Regional Manager
Affiliate Relations

ABC Entertainment
1330 Avenue of the Americas
New York, NY 10019
(212) 887-7777
John C. Severino, President

Letters in Support of Project SMART

- Local Board of Education
- Superintendent
- Local legislators

PRACTICE LETTER

Directions: On a separate sheet of paper, write your letter using the worksheet as a guide.

Your Address
City, State, Zip Code
Today's Date

Addressee's Name
Address
City, State, Zip Code

Dear (Name of person you are writing to):

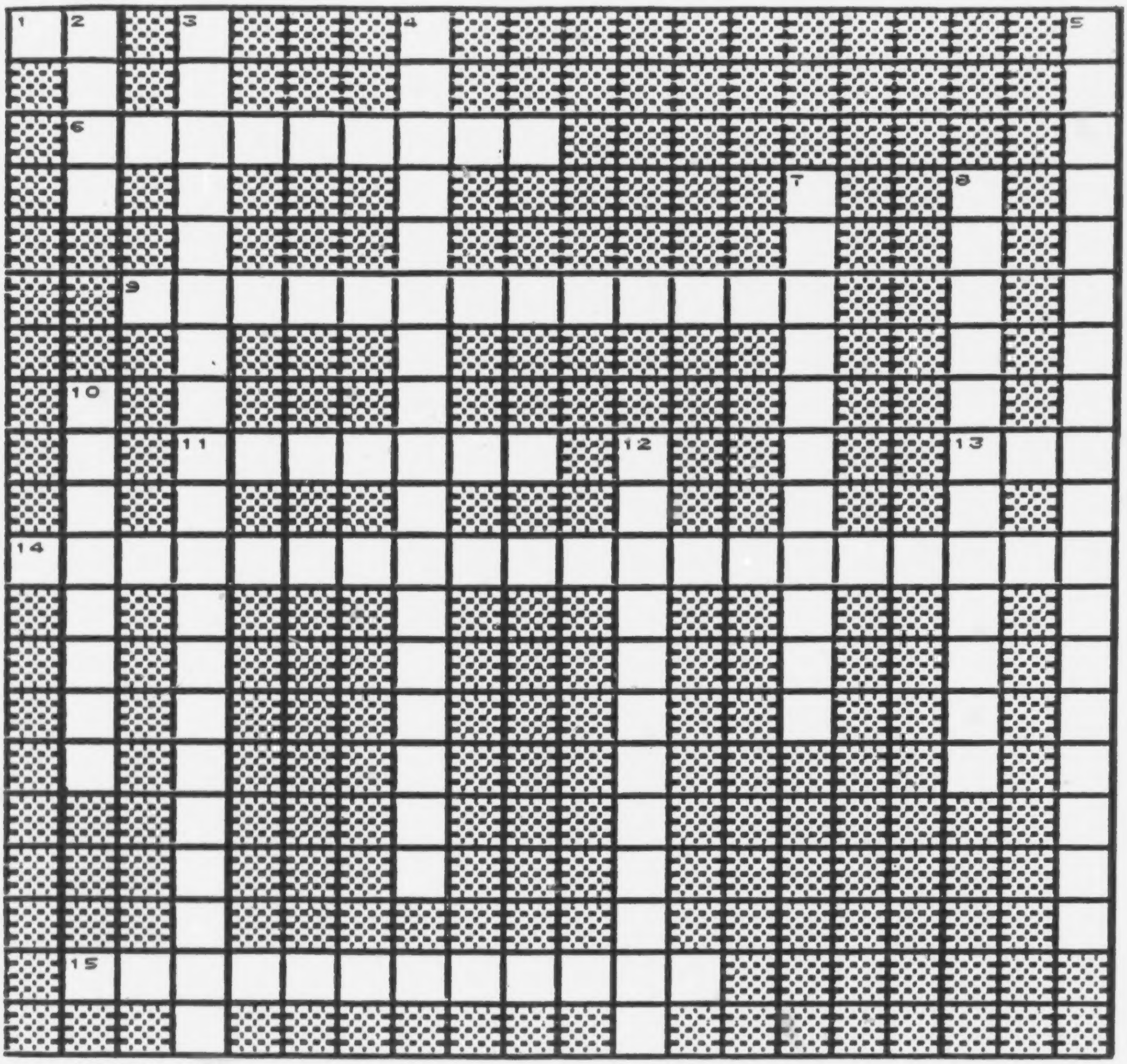
Paragraph One - Introduce yourself, telling your name, age, school, etc.

Paragraph Two - Tell why you are writing, describing Project SMART.

Paragraph Three - Describe what you would like to see done in the future. (If you are writing to the media, tell them what you think should be changed or kept the same. If you are writing in support of Project SMART, thank them for their support and tell them why you think it should continue.)

Sincerely,

Your Name



ACROSS CLUES

1. Overdose.
6. "Come to my party, there is going to be a lot of beer."
9. "No thanks, I don't drink."
11. "Are you chicken?"
13. "I'll beat you up!"
14. "I thought you were my friend."
15. "No." "No." "No." "No." "No thanks!"

DOWN CLUES

2. A non-food substance that causes a change in the body or mind.
3. Stay away from those places or go another way.
4. Hang around with non-users.
5. Start talking about something else.
7. The result of something we do or say.
8. Just ignore the person.
10. A simple offer.
12. Influence put on us by people our own age.

Project SMART

ANSWERS

O	D	▨	A	▨	▨	▨	S	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	C
▨	R	▨	V	▨	▨	▨	T	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	H
▨	U	N	O	F	F	E	R	E	D	▨	▨	▨	▨	▨	▨	▨	▨	▨	A
▨	G	▨	I	▨	▨	▨	E	▨	▨	▨	▨	▨	▨	C	▨	▨	C	▨	N
▨	▨	▨	D	▨	▨	▨	N	▨	▨	▨	▨	▨	▨	O	▨	▨	O	▨	G
▨	▨	G	I	V	I	N	G	A	R	E	A	S	O	N	▨	▨	L	▨	I
▨	▨	▨	N	▨	▨	▨	T	▨	▨	▨	▨	▨	▨	S	▨	▨	D	▨	N
▨	F	▨	G	▨	▨	▨	H	▨	▨	▨	▨	▨	▨	E	▨	▨	S	▨	G
▨	R	▨	T	E	A	S	I	N	G	▨	P	▨	▨	Q	▨	▨	H	O	T
▨	I	▨	H	▨	▨	▨	N	▨	▨	▨	E	▨	▨	U	▨	▨	O	▨	H
R	E	V	E	R	S	I	N	G	T	H	E	P	R	E	S	S	U	R	E
▨	N	▨	S	▨	▨	▨	U	▨	▨	▨	R	▨	▨	N	▨	▨	L	▨	S
▨	D	▨	I	▨	▨	▨	M	▨	▨	▨	P	▨	▨	C	▨	▨	D	▨	U
▨	L	▨	T	▨	▨	▨	B	▨	▨	▨	R	▨	▨	E	▨	▨	E	▨	B
▨	Y	▨	U	▨	▨	▨	E	▨	▨	▨	E	▨	▨	▨	▨	▨	R	▨	J
▨	▨	▨	A	▨	▨	▨	R	▨	▨	▨	S	▨	▨	▨	▨	▨	▨	▨	E
▨	▨	▨	T	▨	▨	▨	S	▨	▨	▨	S	▨	▨	▨	▨	▨	▨	▨	C
▨	▨	▨	I	▨	▨	▨	▨	▨	▨	▨	U	▨	▨	▨	▨	▨	▨	▨	T
▨	B	R	O	K	E	N	R	E	C	O	R	D	▨	▨	▨	▨	▨	▨	▨
▨	▨	▨	N	▨	▨	▨	▨	▨	▨	▨	E	▨	▨	▨	▨	▨	▨	▨	▨

Puzzle Created Using
CROSSWORD MAGIC from
L & S Computerware
(408) 446-1657

ANSWERING QUESTIONS ABOUT DRUGS

Although Project SMART is not information-based, the students still need to have their questions answered. In order to keep from giving students an excess of information that may actually increase their use, a question box is utilized. This "box" may take any form - a shoe box, a one pound coffee can, or an oatmeal box. You may want to decorate the box.

The box is to be left in the classroom at all times so that students may drop any written questions they may have in the box at any time. Students' names are not necessary; however, if you teach multiple classes, you may want to have the students include the class period.

No time is specified in the curriculum for answering the questions; therefore, you may want to add an additional session for doing so, or utilize extra time that may be available at the end of some sessions.

When answering the questions, try as much as possible to encourage other students to give the answers. This will help you determine their level of knowledge and avoid giving the students too much information. Clarify any misconceptions they may have.

Skill leaders may also be used to answer the questions instead of you.

a. Read the questions in the question box, and discard duplicates.

b. Assign each skill leader several questions.

c. Duplicate and distribute the outlines and worksheets to each skill leader.

d. Remind the skill leaders to have you check their answers.

e. Let the skill leaders know when they will be presenting their answers.

ANSWERING QUESTIONS ABOUT DRUGS

SKILL LEADER WORKSHEET

QUESTION:

ANSWER:

Once your teacher has approved your answer, practice just how you plan to say it in front of the class.

When giving your answer to the class, remember to:

1. Speak loudly and clearly.
2. Stand up straight. (Don't lean on anything!)
3. Look at your audience occasionally.
4. Don't hold the paper in front of your face.
5. Ask them if they have any other questions.

Teacher's Signature

ANSWERING QUESTIONS ABOUT DRUGS

SKILL LEADER DIRECTIONS

DIRECTIONS

1. Write your question on the worksheet provided. Use one worksheet per question.
2. Read through the information to find the answer. You may need to ask your teacher for help.
3. In your own words, write your answer to the question on the worksheet.
4. Have your teacher read your answer. The teacher will sign the worksheet at the bottom if your answer is correct.
5. Be prepared to read your questions and answers to the class.

To assist you or the skill leaders in answering the questions, COMMONLY ASKED QUESTIONS ABOUT ALCOHOL, TOBACCO, AND MARIJUANA, answers are given below. You may want to duplicate these for the skill leaders to assist them in developing their answers.

COMMONLY ASKED QUESTIONS ABOUT TOBACCO

1. What is tobacco?

   Tobacco is a plant whose brown-colored leaves are cured and dried. It can be smoked as cigars, cigarettes, or in a pipe. It can also be chewed or snorted as snuff.

2. Is tobacco a drug?

   Contrary to what most people believe, tobacco is a drug. By definition, a drug is a nonfood substance that can cause changes in the functions of the body and/or mind. Tobacco leaves contain a complex mixture of chemicals that affect the body in many ways.

3. Where did tobacco come from?

   People have smoked tobacco for thousands of years. The ancient Persians smoked for pleasure, often finishing a meal with coffee and tobacco. Long before Columbus sailed to the New World, American Indians used tobacco in religious and political ceremonies. When Columbus returned to Spain, he took tobacco seeds back with him and, as a result, tobacco use spread quickly throughout the rest of Europe.

4. What does tobacco contain that affects you?

   Nicotine is one of the main ingredients in tobacco that affects you. It is a stimulant, which means that it speeds up bodily functions. It causes your heart to work harder to circulate blood. Nicotine is what one with a smoking habit "craves". (Also see questions 5 and 6.)

5. Is nicotine the only thing in tobacco that is bad for your health?

   No, tobacco smoke contains at least 300 different toxic chemicals. Many of these chemicals have been identified as cancer causing agents (carcinogens).

6. What do they mean by "tar" in cigarettes, and how does it affect your health?

   Cigarette "tar" is a product of the burned resin of the tobacco leaves and can be easily seen as a brownish glue on the filter tips of cigarettes. What we call "tar" is actually a collection of many tiny particles. "Tars" are deposited on the respiratory tract when a cigarette is smoked. Aiding the "tars" in their effects on the respiratory system is the action of various gases in cigarette smoke. One of the most harmful is carbon monoxide, the same gas as that in car exhaust. Carbon monoxide replaces oxygen in the blood, making it difficult for the body cells to get all of the oxygen they need. Tars coat and irritate the linings of the air passages in the lungs. "Tars" are the cancer causing substances in tobacco. The tiredness that bothers many smokers can be traced to carbon monoxide.

7. What will smoking one cigarette do to me?

   After smoking one cigarette, the heart beats faster, blood vessels constrict, blood pressure goes up, fingers and toes feel cooler, and the linings of the nose, throat and lungs are irritated. Smoking one cigarette can also make you feel dizzy.

8. What does smoking for a long time do to your health?

   If you are a smoker for a long period of time, you have a much greater chance of developing lung cancer that a nonsmoker has. Smokers also have a greater chance of getting cancer of the mouth, larynx, esophagus, stomach and bladder. A habitual smoker is more likely to develop heart disease, the number one cause of death in the U.S. today. Other diseases that smoking can lead to are bronchitis, emphysema, and ulcers.

9. Does chewing tobacco cause cancer?

   Yes. Those who prefer to chew tobacco run the risk of getting cancer of the mouth or tongue.

10. What proof is there that tobacco is bad for your health?

Studies have been conducted for many years which have followed smokers for a long time to determine the effects of smoking. There is no doubt that cigarette smoking can be fatal. The evidence that links cigarette smoking and lung cancer is so strong that in 1964, the Surgeon General of the U.S. issued a report warning people of the danger of smoking. A law was also passed requiring cigarette manufacturers to print a warning on cigarette packages.

11. How do people become "hooked" on cigarettes?

People may start smoking cigarettes just to "relax" or feel good. A cigarette may help them feel that way, but a smoker may soon learn to relax by lighting up whenever he or she feels nervous. In the same way, other smoking habits gradually form, After a time, the smoker learns to reach for a cigarette after meals, to fight boredom, to look a certain way.

12. What happens when a person tries to quit smoking?

Sooner or later, the bodies of smokers become physically dependent on the nicotine in tobacco. This means that their body cells gradually change the way that they work in order to adapt to the presence of nicotine. Being physically addicted also results in what are called withdrawal symptoms when one tries to quit. These symptoms include discomfort, jumpiness, and irritability. Gradually, however, the body's cells return to normal, and the ex-smoker's disposition returns to normal.

13. If you are around someone who smokes, can their smoke be harmful to you?

"Second-hand" smoke can affect others who are near a smoker. The gases produced when a cigarette burns are inhaled by people around that smoke. Many non-smokers are sensitive to the tars and nicotine in tobacco smoke and become uncomfortable or ill when they are in the same room with someone who is smoking. This is the reason for new laws banning smoking in public places such as elevators and stores, as well as developing nonsmoking sections of airplanes and restaurants.

14. Why do people smoke?

With all of the negative consequences, it is difficult understand why anyone would begin to smoke.

Because it is hard to see the long-term consequences of smoking, the new smoker has the attitude that nothing will happen to him or her. Young people often smoke because they are influenced to think that smoking is cool or it looks grown-up. Some people use smoking as a mask for nervousness. They do it to "relax" or to help them cope with the pressures of everyday life. Most people continue to smoke, even though they don't want to, because it has become a habit.

15. How does someone quit smoking?

This part is much harder than beginning to smoke. A smoking habit is learned. Just as people teach themselves to be smokers, they can teach themselves to be nonsmokers. They can stop on their own or turn to organized programs for help. Many quit cold turkey--they simply stop smoking all at once, rather than gradually.

16. What happens when a person quits smoking?

It takes time, but the body gradually returns normal. Even the threat of lung cancer and heart disease lessens, if a person stops smoking.

17. What does "low in tar and nicotine" mean?

The amount of tars and nicotine varies depending on the kind and amount of tobacco in a cigarette. Some tobacco contains more tars and nicotine than others. Filter cigarettes also reduce the amount of tars and nicotine by trapping them in the filters. However, smokers cannot count on cigarettes low in tars and nicotine to protect them from the health hazards of smoking.

18. Is it dangerous to smoke only a cigarette or two?

    The effects of smoking one cigarette, a pack, or even a week of heavy smoking are not serious, but smoking over many years can directly cause or contribute to serious and even fatal diseases. Although you may think it won't happen to you, just smoking one or two cigarettes may result in the development of a habit. Smoking only one or two cigarettes can also cause dizziness and nausea.

19. What if I don't inhale? Will the cigarette still harm me?

    Very little smoke will reach a noninhaler's lungs. However, a smoker who does not inhale will still absorb, through the mouth, some of the nicotine into the bloodstream. The carcinogens are also absorbed through the mouth, lips, and gums, possibly leading to oral cancer and gum disease.

COMMONLY ASKED QUESTIONS ABOUT SMOKELESS TOBACCO*

1. Technically, what is the difference between chewing tobacco and snuff?

   Basically, smokeless tobacco comes in three forms: rough cut, dry snuff, and moist snuff. The rough cut leaves are usually chewed. Dry snuff is powdered tobacco which is inhaled or chewed. Moist snuff is "dipped" by pinching a small amount between the fingers and placing it between the cheek and gum.

2. What does smokeless tobacco contain that affects you?

   Just like cigarettes, nicotine is one of the main ingredients that affects the user. In the case of smokeless tobacco, the chemicals are absorbed through the mucus membranes in the mouth and nose.

3. Can you get "high" on smokeless tobacco?

   When people use smokeless tobacco, their blood pressure and heart rate increase as the nicotine is absorbed into their system. Some people call this a short term "high".

4. What are other effects of using smokeless tobacco?

   Smokeless tobacco use causes bad breath, discolored teeth, increased blood pressure and heart rate, gum disease, and loss of gum tissue. A long term hazard is oral leukoplakia.

5. Who uses smokeless tobacco?

   There are approximately 22 million smokeless tobacco users in the United States, mostly between the ages of 18-30. More males use than females, although popularity among females is increasing. Sales to teenagers in general has also increased.

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* Throughout the curriculum the term smokeless tobacco is used for chewing tobacco, dip, and snuff. Students may refer to all forms as chewing tobacco. Use the term that is most salient to them.

It is estimated that up to one-third of high school varsity baseball and football players use smokeless tobacco. The majority of smokeless tobacco is sold in the Southeast, Southwest, and Midwest. There isn't a "typical" user, as the young, old, professional, laborer, farmer, city dweller, and athlete are all users.

6. Why do people spit so much when they use smokeless tobacco?

   Extra saliva is produced when people chew tobacco. Because of the chemicals in it, when people swallow the extra saliva, it makes them sick to their stomach. So, they spit the juices out.

7. Can you get cancer from smokeless tobacco?

   Studies show that people who use smokeless tobacco have an increased risk of developing oral cancer, that is cancer to the mouth. For long-term users, the risk of developing oral cancer is increased 50 times.

8. What is leukoplakia?

   Leukoplakia is a lesion of the soft tissues in the area where smokeless tobacco has been held in the mouth. It consists of white patches, bumps, wrinkles, or plaque. Leukoplakia is considered to be precancerous, meaning that people who have it have an increased chance of getting oral cancer. If a person stops chewing, the leukoplakia usually disappears.

COMMONLY ASKED QUESTIONS ABOUT ALCOHOL

1. How is alcohol made?

   Ethyl alcohol, the alcohol used in beverages, results from the fermentation of fruit juices, vegetables juices, or grains. Fermentation is a chemical process in which food sugars are converted into alcohol and carbon dioxide. To make beer, grains such as barley and malt are used. In the case of wine, fruit, berries and vegetables are used to ferment the natural sugar into alcohol. Liquor, such as whisky and gin is made by fermenting grains and distilling the liquid product. Distilling is changing the fermenting grain to vapor and changing the vapor back to liquid form.

2. How much alcohol is there in each drink?

   Beer contains 3-6% alcohol. Wine contains about 12-14%. "Hard" liquors are usually high in alcoholic content--30-50%. The liquor manufacturers use the word "proof" to describe alcohol content. The proof figure is about double the alcohol percent figure. (Example: Whiskey is 80 proof, 40% alcohol.)

3. Who invented alcohol?

   Alcohol is the most ancient drug. No one knows exactly who invented alcohol because it has been around since the beginning of civilization. Five thousand years ago, the people of Mesopotamia drank beer and recorded the fact on clay tablets--the oldest surviving written documents.

4. What happens if I have just one drink?

   Probably not much, but if you usually don't drink alcohol, you might feel differently. Alcohol affects everyone differently. Some people may feel nauseated, some feel relaxed and warm, and others may not feel anything at all. Some people feel different after one drink; others can drink a lot without feeling much different.

5. Can you die from drinking too much?

   Yes. If a person drinks great quantities of alcohol within a short period of time, it can result in a message to the part of the brain that controls breathing, telling it to stop. This can eventually result in death.

6. How does alcohol affect your body if you drink for many years?

   With time, alcohol causes certain changes in the body's organs. Because the liver has had to work harder to filter the alcohol out of your body, after time this may result in damaged liver cells. This condition is called cirrhosis (hardening) of the liver. A heavy drinker may develop malnutrition. This may make him or her more susceptible to disease. Other organs, including the kidneys and heart, may also become weakened and diseased. A heavy drinker may also suffer brain damage.

7. Which type of alcohol is the worst?

   Alcohol is alcohol, no matter what form it takes. Beer, wine and liquor all contain alcohol, but in different concentrations. Some beverages will take more to create intoxication depending on how much alcohol they contain, but they all affect your mind and body in the same way.

8. Is it better to drink beer instead of hard liquor?

   Beer has a lower alcoholic content (4%) than wine (12-14%) or liquor, (30-50%). However, if you drink enough beer, it affects your body no differently than other alcoholic drinks.

9. How does alcohol get you drunk?

   Alcohol is absorbed through the digestive tract into the bloodstream, which circulates to all parts of the body, including the brain. If someone drinks faster than the rate at which the body gets rid of alcohol, (about one ounce in two hours), the person will eventually feel the effects of the alcohol. These include feeling warmer, feeling and saying things you usually don't do when sober, dizziness, slurred speech slower, reaction time, nausea, headache, and blurred vision.

10. How much alcohol do you have to drink to become drunk?

    It depends on the following factors: the concentration of the alcohol you drink, how much you drink within a certain period of time, the size of your body, how much you weigh, the presence or absence of food in the stomach, and your mood. It is different for every individual because it depends on so many things.

11. Why is alcohol considered a drug?

    A drug is any nonfood substance that alters the functioning of the mind and/or body. Alcohol is a powerful substance that alters both the mind and the body.

12. Why do some people get hangovers, others get really sick, and others pass out from drinking too much?

    It mostly depends on how much the person drank, as well as other factors (see question 10). The more you drink, the worse the effects will be. A person who drinks in excess of his/her "limit" overloads the brain with alcohol. Alcohol is a depressant that puts the nervous system to sleep. With too much alcohol, the brain will "pass out"--go to sleep. Hangovers make people feel nauseous, tires or gives them a terrible headache. No one knows for sure, but it is believed that the impurities of alcohol still remain in the body the next day and cause the hangover. Some alcoholic beverages contain more impurities than others.

13. What is the best way to get rid of a hangover?

    Nothing cures a hangover except giving the body time to get rid of the impurities.

COMMONLY ASKED QUESTIONS ABOUT MARIJUANA

1. What is marijuana?

   Marijuana is the popular name for a drug made from the Indian hemp plant Cannabis sativa. Marijuana is made by drying the leaves and flowering tops of the plant. These may be smoked, eaten or consumed as a tea to produce the effect. It is also commonly called grass, pot, weed, and dope.

2. Who first discovered marijuana?

   Marijuana has been around for centuries. It was first described in a Chinese book on drugs in 2700 B.C. It was used by ancient warriors before battle to give them a false sense of bravery. Early use of the drug has been recorded in Asia, India, and Africa.

3. How does marijuana look and smell?

   The appearance, odor, and potency of marijuana varies depending on where and how it was cultivated. It may look like dried herbs with green, brown, or gold leaves. Sometimes it resembles dried flower buds on a stem. It may smell like parsley or, sometimes, like pine. When it is smoked, its odor is more distinct and may remind one of burnt rope.

4. Where is marijuana grown?

   Marijuana can be grown almost anywhere in the world. It grows best in semi-tropical climates. Most of the imported marijuana in the U.S. comes from Colombia or Mexico. The marijuana grown in the U.S. is usually less potent than that imported from South America or Asia.

5. How is marijuana used?

   Smoking marijuana is the most popular method of using marijuana to produce the high. It can also be used to make a tea or can be baked into foods. When marijuana is smoked, the smoke gets into the lungs and is held there for a long time. As a result, smoking marijuana is more harmful to the lungs than cigarettes. The smoke is also very harsh on the throat and lungs.

6. What makes people feel different when they smoke marijuana?

   The main mind-altering (psychoactive) ingredient in marijuana is THC or delta-9-tetrahydrocannabinol. The amount of THC in marijuana determines how strong its effects will be. Different kinds of marijuana vary in the amount of THC they contain.

7. Is marijuana a drug?

   Yes. THC alters the mind and body once it is smoked or consumed.

8. What does it feel like to be "high" on marijuana?

   The effects of marijuana may be different for each user. Marijuana makes some people feel relaxed and happy. For others, smoking causes them to feel anxious, nervous, or panicky. Most people talk more slower when they are "high". They also have a difficult time remembering things. They may act "loose" or uninhibited. They often have poor physical coordination and their perceptions of distance and time are altered. How "high" someone gets depends on his/her mood, what he/she thinks being "high" will feel like, and how experienced he/she is in using the drugs.

9. If I smoke marijuana for a long time, what will it do to me?

   Marijuana stays in the body longer than most drugs (it takes 30 days for the THC in a single "joint" to be fully eliminated), so the body is influenced by it long after the immediate effects have disappeared. Studies have primarily linked marijuana to diseases of the heart and lungs, poor memory and learning, changes in the body's defense system, chronic cough, and changes in the production of sexual hormones.

New evidence indicates that smoking marijuana may cause lung cancer because the smoke contains 50% more cancer-causing materials than tobacco smoke.

10. Can people become addicted to marijuana? Scientists generally agree that it is possible to develop a psychological addiction to marijuana in which the person is unwilling to stop using it. Regular users may claim they can stop whenever they wish, but they usually do not stop nor do they seem to want to. Recently, scientists have found that marijuana may also result in physical addiction. or withdrawal symptoms when the user quits. Many people change their behavior after becoming regular users of marijuana. They often become bored, apathetic, unconcerned about the future, and unmotivated.

11. Can marijuana kill you?

    No death due to marijuana has ever been reported. It can affect your driving, so being "stoned" and driving might kill you.

12. Is marijuana ever used as medicine?

    Marijuana has very few medicinal purposes. Some studies have found it useful in cancer patients to reduce the nausea associated with chemotherapy. It has been know to be used externally as an arthritis pain reliever when mixed with other herbs. It has also been used in the treatment of glaucoma, asthma, and epilepsy.

13. Does marijuana cause birth defects if the mother or father used it?

    No study has proved that marijuana causes birth defects. However, marijuana smoke can affect the unborn baby in the same way that cigarette smoke might (increased risk of fetal death; lower birth weight).

14. Does marijuana affect boys differently than girls?

    In males, marijuana has been shown to decrease testosterone (the male hormone) and the alter the production of sperm cells. The consequences of this are more significant for adolescent than adult males. In females, marijuana can cause irregular menstrual cycles and/or temporary loss of fertility.

15. How does someone get marijuana?

Usually it is purchased from a friend who is a smoker and knows people who sell it. Sometimes people buy it from someone selling it on the street. This is particularly dangerous because it may be mixed with other drugs of which you are unaware.

16. How much does marijuana cost?

The price of a bag or ounce of marijuana can range from $50 - $200. A "joint" or cigarette goes for about $1.00.

17. What happens if someone gets caught with marijuana?

Marijuana is an illegal drug, although it has been decriminalized in 11 states to a citation and/or fine. Charges range from a misdemeanor to a felony. Check with your local law enforcement agency and school to determine specific action.

18. Why do people make marijuana if it is so bad for you?

Marijuana is a cash crop. The people who grow it and sell it can make a high profit. In California and Hawaii, it is the biggest cash crop cultivated.

19. Is smoking marijuana as dangerous to one's health as smoking cigarettes?

Marijuana smoke contains many of the cancer-causing agents that are found in tobacco smoke. Marijuana, like cigarettes, can cause lung cancer. Some scientists believe that marijuana smoke is MORE dangerous than cigarette smoke. It has been estimated that the effect of smoking one marijuana "joint" is equivalent to smoking one pack of cigarettes, in terms of irritation to the lungs. Because marijuana smokers usually inhale deeply and hold the smoke in their lungs as long as they can, the effects on the lungs are greater than with cigarettes.

20. Why is marijuana dangerous for young people?

Researchers are not certain of the exact effect of marijuana on growth and maturation, but there is good reason to believe that it slows growth. When young people start using marijuana regularly, they often lose interest in and are not motivated to do school work. The effects of marijuana can interfere with learning. Thinking, reading, comprehension, and verbal and mathematical skills can be impaired. Research has shown that students do not remember what they have learned when they are "high".

21. Does smoking marijuana make you "crazy"?

For the majority of users, marijuana results in temporarily altered perceptions and thought patterns. It sometimes causes hallucinations, so it is classified by some as a mild hallucinogenic drug. In some users, it can produce reactions ranging from panic and paranoia to an acute psychosis. Acute psychosis (delusions, detachment from reality, bizarre behavior) is uncommon, but is more likely in people who are under stress, depressed, anxious, or borderline schizophrenic.

	ALCOHOL	COCAINE
OTHER NAMES	Beer, wine, hard liquors (e.g. whiskey, vodka), mixed drinks, booze, pick-me-upper.	Coke, snow, blow, flake,happy dust, nose candy, super blow, toot, speedball when mixed with heroin. crack, rock.
DRUG APPEARANCE	Pure alcohol is a clear liquid with a strong odor but usually comes in other forms (e.g. beer, wine, hard liquors).	May come in flake, rock, or powder form White crystalline appearance with a possibly yellow tint.
HOW USED	Ingested orally.	Snorted, injected, smoked (free-basing), or absorbed through gums.
WHERE IT COMES FROM	One of the oldest drugs known. Earliest recordings, were 6,000 years ago in Egypt as a fermentation of fruit and grain which was usually used in religious ceremonies.	Derived by a chemical process from the coca leaf. One of the oldest drugs known. Spanish conquest discovered Peruvian Indians using coca leaves for religious ceremonies.
*IMMEDIATE EFFECTS	Sedative; increased body temperature; constriction of small blood vessels; slowed reaction times; loss of motor control and coordination; blurred or double vision; slurred speech; feelings of relaxation and lowered inhibitions; irritation of stomach lining; dizziness; nausea; vomiting; bad breath.	A sense of euphoria, talkativeness, anxiety, excitement; feeling energetic; rise in body temperature, blood pressure, heart and respiratory rate; constriction of blood vessels and dilation of pupils; increased perspiration. Effects are short-termed, producing a compensatory depressing effect afterwards.

* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

	ALCOHOL (CONTINUED)	COCAINE (CONTINUED)
*LONG-TERM USE EFFECTS	Alcoholism; cirrhosis of the liver; heart disease; cell damage to brain, kidneys and stomach; nutritional deficiencies; permanent shaking; loss of memory; sexual dysfunctions; fetal alcohol syndrome. Increased risk of mouth, pharynx, larynx, esophagus, liver and bladder cancer when combined with cigarette smoking.	Psychological addiction; deterioration of nasal membranes; paranoid psychosis; hallucinations; cold sweats; convulsions or fainting; respiratory failure; cardiac failure; death due to severe allergic reaction to the cocaine or other substances used to dilute it.

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* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

	TOBACCO	MARIJUANA
OTHER NAMES	Cigarettes, cigars, chewing tobacco, cigs, snuff, smokes	Grass, pot, weed, Mary Janes, Mary "J", hay, hemp, smoke, Texas tea, dope, dry high, funny stuff, ganja, giggles-smoke, reefer, herb, locoweed, love weed, marijuana, roach rope, mota, sativa, stinkweed, bunk, yerba, tea, shake, buds.
DRUG APPEARANCE	Dried, brown-like tobacco plant leaves. Usually rolled in smoking paper which may include a filter.	Varies. May be green, brown, gold, orange or gray dried plant leaves or flower tops. May also come as crumbled dried leaves or dried flower buds on stems.
HOW USED	Smoked in cigarettes, pipes or cigars, snuffed or chewed.	Usually smoked. May be eaten or drank as tea. Further research shows potential use for treatment of glaucoma and loss of appetite due to cancer treatment.
WHERE IT COMES FROM	Columbus discovered American Indians smoking dried tobacco leaves. He introduced the plant to Europe which eventually expanded back to America.	Known to be used as far back as 2737 B.C. in China. Primarily used for hemp, medicinal and religious ceremonies. Introduced to New World by Spaniards. First popularity was for its narcotic effects in India. Marijuana can be grown almost anywhere. Sometimes it is identified by where it comes from (e.g. Columbian, Jamaican, etc.).

	TOBACCO (CONTINUED)	MARIJUANA (CONTINUED)
*IMMEDIATE EFFECTS	Irritation of throat and lungs; increased heart and respiratory rate; constriction of small blood vessels (cold hands and feet); increased saliva and bronchial secretion; paralysis of cilia cells in bronchial tubes; nicotine stimulation of central nervous system; dizziness; nausea; coughing; bad breath.	Drowsiness; giddiness; feelings of relaxation; visual and time distortion; slowed reaction time; eye redness; increased respiratory and heart rate; lowered body temperatures, stimulation of bronchial cilia cells, difficulty concentrating; better visual, hearing and tasting is perceived. Coughing; throat irritation; if eaten, nausea; painful ulcers.
*LONG-TERM USE EFFECTS	Nicotine addiction, heart disease; emphysema; high blood pressure; stroke; cancers of the mouth, esophagus, lungs, pancreas, bladder and larynx; peptic ulcers, cavities; yellow teeth stains; chronic bronchitis; low birth weight babies.	No recent conclusions. Research shows effects on male testosterone levels; lower sperm count; lung and throat cancers; inhibition of the immunological response and loss of short-term memory. Possible psychological addiction.

* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

	LSD	PCP PHENCYCLIDE
OTHER NAMES	Acid, orange sunshine, California sunshine, purple haze, paper acid, window panes, bad D.	Angel dust, dust, duster, monkey dust, sherms, koolies, lovely, superweed, crystal, killer weed, peace pill, rocket fuel, elephant tranquilizer, supergrass, mist, scuffle, sheets.
DRUG APPEARANCE	Tablets and capsules of various sizes and colors; sugar cubes; dots on pieces of paper; gelatin squares; impregnated into stamps, hard candy or soda crackers; also mixed with beverages.	Pure PCP comes as a clear liquid with a strong chemical odor. Can be processed and manufactured into capsules or tablets or a crystalline form for snorting. Liquid could be injected or smoked. Popular way of smoking PCP is by spraying on dried leaves (e.g., mint, parsley, marijuana, etc) or threading a soaked string through a cigarette.
HOW USED	Taken orally or may be absorbed through the skin.	Smoked, snorted or injected. May also be absorbed through the skin.
WHERE IT COMES FROM	Accidental discovery in 1943 when researching ergot alkaloids. Afterwards, LSD made its way into illicit use.	First manufactured for veterinary purposes in 1956. Experimental use on humans resulted in categorization as an unsafe drug. Immediately afterwards it made its way to the "streets". Chemical ingredients of PCP are easily obtained.

	LSD (CONTINUED)	PCP (CONTINUED)
* IMMEDIATE EFFECTS	Increased heart rate, blood pressure and blood sugar level; pupil dilation; flushed face; appetite depression; restlessness; exhilaration; time distortion; visual hallucinations; perceived mixing of senses (sight and sound); loss of body image; paranoia; cannot analyze in a structural manner; overall air of confusion and extremely emotional.	General numbness of hands, face and legs; rise in respiration, blood pressure and heart rate; loss of muscle coordination; doubled or blurred vision; flushing or sweating; increased blood flow to smaller blood vessels; jerky eye movements; talkativeness; mood changes; bizarre behavior; may become violent; flawed reaction time; inability to concentrate; feeling of euphoria or confusion; hallucinations; time and space distortions. Distortion of body image.
*LONG TERM USE EFFECTS	Flashbacks; chromosomal damage; psychosis, depression; self-inflicted damage.	Psychosis; possible PCP flashbacks since it may be stored in fatty tissue and released slowly. Permanent brain damage; short term memory loss; psychological addiction; loss of emotional control; fetal addiction.

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* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

	HEROIN	AMPHETAMINES
OTHER NAMES	Big H, brown sugar, caballo, chiva, chinese red, crap, dope, goods, H, hard stuff, horse, junk, joy powder, Mexican mud, poison, scag, smack, snow, white stuff.	Bennies, crank, lightning, pep pills, speed, uppers, etc.
DRUG APPEARANCE	White, yellowish or brown powder depending on origin. Odorless and bitter tasting.	Capsules or tablets of various colors and shapes. In pure form-yellowish crystals with a harsh chemical taste.
HOW USED	Injected into bloodstream, sniffed or smoked.	Generally taken orally in capsule or tablet form. Can also be sniffed or injected when in crystal form.
WHERE IT COMES FROM	An old drug known to originate in the Eastern part of the world. Derived from the Opium poppy residue and processed until the "street" crude heroin is produced. May come from Middle East, Asia or Mexico.	First synthesized in 1887. Considered to have medical use by 1927 to alleviate fatigue, enlarge nasal and broncial passages and stimulate central nervous system.
*IMMEDIATE EFFECTS	Suppresses central nervous system; eye pupil constriction; reduces normal thirst and hunger; feelings of euphoria, relief, relaxation and drowsiness; shakes; vomiting. With tolerance or addiction, feelings of the drug effects wear off.	Increased heart rate, breathing rate, blood pressure; suppressed appetite; pupil dilation; dry mouth; restlessness; nervousness; agitation; anxiety. As high diminishes-headaches, pappitations, dizziness, confusion, depression, paranoia, fatigue.

* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

	HEROIN (CONTINUED)	AMPHETAMINES (CONTUNUED)
*LONG TERM USE EFFECTS	Addiction, which may lead to malnutrition and hepatitis, AIDS, collapsed veins leading to deadening of limbs. Fetal addiction. Premature death rate of addicts is twice that of non-user population.	Addiction; amphetamine psychosis; extreme weight loss; malnutrition; anorexia; insomnia; hallucinations; delusion; paranoia; hypomania; tremors; violent moods; hepatitis; strokes; aneurisms; hematomas.

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* The behavioral effects of a drug may vary individually. Behavioral drug effects are subject to the individual's personality make-up, emotional mood at the time and the environmental setting.

DESIGNER DRUGS

OTHER NAMES:

(Analogs of Fentanyl)
Synthetic Heroin,
China White

(Analogs of Meperidine)
Synthetic Heroin
MPTP (New Heroin)
PEPAP

(Analogs of Amphetamines and Methamphetamines)
MDMA (Ecstasy, XTC, Adam, Essence) MDA, STP, PMA,
2,5-DMA, TMA, DOM, DOB,

(Analogs of PCP)
PCPy, PCE, TCP

DRUG APPEARANCE: White powder (may resemble heroin), Tablets, capsules

HOW USED: Inhaled through nasal passages, injected, taken orally, smoked

WHERE IT COMES FROM: Other narcotics and hallucinogens whose molecular structure has been modified by underground chemists.

DESIGNER DRUGS
(continued)

EFFECTS:

Narcotic analogs: initial feeling of euphoria that is often followed by drowsiness, nausea, and vomiting. Other effects may include uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage.

Amphetamines and methamphetamines analogs: feeling of increased heart and respiratory rates, elevated blood pressure, decreased appetite, panic, confusion, nausea, blurred vision, chills or sweating faintness, brain damage (as little as one dose). Psychological effects include: anxiety, depression, and paranoia.

PCP analogs: illusions, hallucinations, impaired perceptions, feeling of euphoria or confusion, dulled senses, blocked and incoherent speech.

ROLE PLAYING

What is role playing?

Role playing may be defined as the temporary assumption of a new role in a practice situation for the purpose of trying to feel as a person in that situation would feel.

It is useful to differentiate role playing from drama. The differences between the two are outlined below.

	Drama	Role Playing
a)	There is a formal script.	There is no script.
b)	The dialogue follows formal criteria.	The dialogue is spontaneous.
c)	A plot exists.	It involves a situation with no plot
d)	It builds to a climax.	It builds to a point where learning has occurred.
e)	The purpose is to entertain.	The purpose is to experience the feelings of another role in order to change and/or validate one's own behavior and decisions.
f)	The author's purpose is to convey a message to the audience.	Each participant experiences his own message.

Why is role playing important?

Role playing is an advanced step in the process of resistance skill training. After students have learned the key resistance techniques, identified pressure situations, observed role models demonstrating the techniques, and rehearsed use of the techniques, they are ready to practice the skills in situations that are realistic and applicable to them.

Role playing in Project SMART serves two major purposes:

1. Students are given the opportunity to practice the resistance skills in class so that they will be prepared to refuse drugs should they be offered to them outside of the class. Many students indicate that they intend to avoid drugs, yet they often lack the experience or confidence to resist drugs when they are offered. Role playing allows each student to become adept at refusing drug offers.

2. By positively reinforcing the act of refusing drugs, students will be more likely to respond that way when offered drugs. This is especially true if their classmates let them know that it's ok to say "no".

What is the teacher's role?

In facilitating the role plays, the teacher's job is to provide encouragement to students when they practice resistance skills and to elicit appropriate feedback from the rest of the class. It is important to involve the entire class in the role play activity, not only to hold the attention of all students, but because feedback from peers helps to shape appropriate resistance skills and enhances class norms against drug use.

As the facilitator, the teacher must 1) instruct the class about how to give appropriate feedback; 2) demonstrate feedback skills; and, 3) praise students when they give appropriate feedback to fellow students. Detail on each of these three points follows.

1. Instructing the Class on Giving Appropriate Feedback

    a. Talk about the behavior, not the person. Since role plays are designed to promote behavioral skills, it is important that feedback be directed at that behavior. Essentially, the audience acts like a videotape, and "feeds back" what they have observed or heard.

Example: "You stood up straight when you said 'no' to him," rather than, "You looked like you meant what you were saying."

b. Be specific.

Students who are learning a skill need to know exactly what it is they are doing right so they can decide what works for them and what doesn't.

Example: "You said just what you wanted to say and looked right at her when you refused," rather than, "That was good."

The teacher may need to probe for specific comments, particularly during the first role play session. It is important to reinforce students for giving specific feedback.

c. Talk about what the person did well. Rather than dwelling on mistakes, suggest ways to improve the next role play.

Example: "You did a good job of looking him in the eye. Speaking up a bit more might help to improve your next role play."

d. Suggest choices instead of giving orders. Explore the consequences of the new choices.

Example: "You might use the broken record technique when he states teasing you," rather than, "That won't work."

It is sometimes difficult to structure the discussion so that the focus is on positive aspects of the role play, and on positive suggestions for change. The following is an example of how to do that:

Teacher: "Can someone think of another way to role play that situation?"

Student 1: "She could have just ignored them and walked away."

Teacher: "Good. You're suggesting that one option is to ignore them and walk away. What might happen if she did that?"

Student 2: "They might get mad at her or think she's stuck up."

Teacher:	"That's true. What else could she do so she wouldn't look mad or stuck up?"
Student 3:	"Maybe she could just look straight at them and say, 'Thanks, but I don't smoke'."
Teacher:	"Good, that's another option. What might happen if she did that?"

(Continue eliciting suggestions and outcomes. Be sure to praise students who offer feedback.)

2. Demonstrating Feedback Skills

The most powerful way to teach students about feedback skills is to model the appropriate behavior. This is particularly important during the first session on role play because students will look to the teacher to give examples of what is expected.

Possible topics for giving feedback to the offerer(s) and refuser(s) in the role plays are:

Nonverbal behavior:	Posture, eye contact, tone of voice, loudness of voice, facial expression, physical contact.
Verbal behavior:	Type of pressure used, technique of refusing, persistence in refusing/pressuring, assertive statements, realism of statements, consideration of others' feelings.

In addition to modeling appropriate feedback skills, the teacher may need to elicit feedback by asking questions about positive aspects of the role play.

Examples: "What was good about his posture?"
"Did she give in to the pressure?"
"Could the situation they chose really happen?"
"In what ways was she assertive?"

3. Giving Praise and Positive Reinforcement

When behaviors are positively reinforced, students tend to exhibit these behaviors more frequently.

Positive reinforcement is most effective when given frequently and immediately after the behavior occurs. The teacher should be genuine and believable, and follow the same guidelines outlined in the section "Giving Appropriate Feedback."

It is very important that all students have the opportunity to practice the resistance skills. Those who are most reluctant may need these skills most.

Problems You May Encounter

During resistance training activities some students may question why they are being taught to say "no" or may try to give their fellow students the impression that they plan to say "yes" to drugs. While it probably won't be necessary in all classrooms, in some you may need to acknowledge that students do say "yes" to some drug offers. It is important that this be done in a careful, nonjudgmental manner. If students perceive you as judgmental or moralistic, you will lose credibility with them. The most important part of your job as facilitator in resistance training is to model and reinforce saying "no" in peer pressure situations. Below are some suggestions for handling the issue of drug use.

1. If a student states he does not want to refuse what he might consider a "mild" drug (e.g., a cigarette or beer), you can ask him, "What is an example of a drug you would not want to use?" You can then suggest that in the role play or rehearsal he practice saying "no" to the drug the mentioned.

2. A student may say that in the particular situation that is being role played (e.g., at a party, he would not want to say "no" to a drug). You can ask the student(s), "What is an example of a situation where you would want to say "no" to this drug?" Try to elicit examples such as before and during school, before playing sports, etc. You can then change the setting of the role play to one suggested by the student.

3. In the most extreme case, a student may claim he never wants to say "no" to drugs. While this is unlikely to happen, you can point out that resistance skill may be useful in situations other than drug

offers. Ask the class for examples of situations in which they would want to say "no". Try to elicit examples such as when a friend wants you to steal, cheat, fight, or when someone dares you to do something dangerous. If necessary, have the student role play saying "no" in a situation other than one that is drug-related.

In general, throughout the resistance training activities, students may need to be reminded of the following points:

a. The purpose of resistance skill training is to practice saying "no", not "yes". For most people, saying "yes" is easy; saying "no" requires more practice.

b. You are not telling them whether they should or should not use drugs. That is their decision. Your role is to give them more information on which to base the decision and to help them develop skills for saying "no".

An Overview of the Role Play Process

1. Define the Situation

   a. Have the class create the situation to be role played. Ask if anyone has ever been offered a drug by someone who is about their age. Tell the students that you are not concerned with how they responded to the offer and that you are not interested in knowing any names.

   b. Have one student describe an offer. If no one has been offered a drug, have the students imagine a situation. Make sure to include:

      1) The setting.
      2) The drug offered.
      3) The type of pressure.
      4) Who was present.

2. Set the Stage

   Indicate where doors, sidewalks, furniture, etc. are located. If it will make the scene more realistic, encourage the students to use props (e.g., sit in chairs to simulate an offer made at the movies or while watching TV).

3. Prepare the Audience to be Active Observers

   a. Ask the students what they need to do to be a good audience during the role plays. Make sure they include watching carefully, listening, sitting still, not talking, not "booing", and not making fun of the actors.

   b. Tell the audience that their job will be to pay attention to the role plays and make comments about them afterwards. You will ask the questions listed below and they should be prepared to answer both of them. Write the questions on the board.

      1) What made the person assertive?

      2) Would this work in real life?

c. Explain to the students that they need to provide feedback in a noncritical way. It is important to praise the actors for what they did well.

4. Select the Participants

Ask for volunteers to play as many roles as the situation calls for. Choose students who have not yet had a chance to role play. Assign roles if no one volunteers.

5. Role Play of the Situation

a. Allow a role play to run until the student has had a chance to refuse the drug offer.

b. Cut the action if:

1) A problem develops that hinders the role play.

2) The role play becomes over dramatic or unrealistic.

3) The role play is going nowhere.

6. Discussion and Evaluation

a. Discuss the role play using the following questions (and those on the board) as guidelines. Encourage the actors to give themselves and each other positive feedback.

1) What was good about the role play? (What did the offeree do well?)

2) What made the person assertive?

3) How could he be more assertive?

4) Did the person's words match his actions?

5) Which technique was used to say "no"?

6) Was the technique appropriate for the level of pressure?

7) Would this work in real life? Why or why not?

8) Would you have handled this situation differently? How?

9) What might the consequences of this situation be?

b. Make sure to positively reinforce students who provide positive feedback to the actors.

c. If an actor falls into a "trap" using a reason to say "no", explore alternative ways to handle the situation. For example:

"Would you like a cigarette?"
"No thanks. I might get lung cancer."
"What are you talking about? You're not going to get lung cancer from one cigarette."

Alternatives in this situation might be:

1) Using a more salient reason. (I don't want to smell like smoke.)

2) Using the reason, "I don't smoke", or "I don't want to smoke."

3) Using a broken record of "No thanks".

7. Reenact the Role Play

a. Have the actors replay the same roles in light of the feedback just received. Continue until the response is effective (the actor is assertive, realistic, and uses a technique appropriate for the situation).

b. Other options for reenactment might be:

1) Have the actors switch roles.

2) Have another actor role play an alternative response. This may be the student who suggests the alternative.

3) Change the level of pressure.

4) Move the time frame so that the role play starts with earlier activities of the participants. Include what was going on prior to the drug offer to help set the context.

c. Discuss the reenactment.

SESSION PREVIEW

SESSION	TITLE	DESCRIPTION	PAGE
A	Choosing Skill Leaders	Students will prepare for Project SMART and select classmates who will act as skill leaders for Project SMART activities.	
B	Training Skill Leaders	Skill leaders will be trained for their roles in Project SMART classroom activities.	
One	Welcome to SMART	Students are introduced to Project SMART and discuss true and false statements about drug use.	
Two	Consequences	Students identify positive and negative consequences of drug use and non-use.	
Three	Prevention Baseball	Students play prevention baseball to learn facts about drugs, their effects, use and misuse.	
Four	Techniques to Say "No"	Students learn and practice practice techniques to refuse drug offers.	
Five	Peer Pressure Resistance	Students will practice asserting themselves in situations where there is peer pressure to use drugs	
Six	Normative Expectations	Students will discuss and explore the concept of non-drug users being a majority rather than a minority.	

SESSION	TITLE	DESCRIPTION	PAGE
Seven	Advertising Influences	Students learn techniques the media uses to promote tobacco and alcohol.	
Eight	Anti-Drug Commercials	Students develop and role play skits promoting the non-use of drugs.	
Nine	Adult Influences	Students identify ways adults encourage and discourage drug use.	
Ten	Standing Up For Myself	Students are videotaped reading scripts which describe how they will resist drug offers.	

SESSION A

CHOOSING SKILL LEADERS

OBJECTIVE

Students will be able to identify peer leaders in their class.

ACTIVITY 1: SELECTION OF SKILL LEADERS

TIME: 15 minutes

METHOD: Individual Nominations

1. Discuss with the students the meaning of a "skill".

2. Tell them that:

    a. In future class sessions they will be learning special skills.

    b. They need to select skill leaders--people who will help demonstrate certain skills.

    c. It is important that skill leaders be students who are respected and liked--students who would be good leaders.

    d. They will nominate classmates who would make good skill leaders.

    e. They should make their own choices without getting ideas from other students.

3. Have students take out a piece of scratch paper and write the names of three students they would like to have as skill leaders for their class.

4. After students have completed them, collect the nomination sheets.

    NOTE: Do not tell the students that this is being done for a drug abuse prevention program. To select skill leaders, count the number of times students were nominated by class members. Except for unusual situations where you are positive a nominated student will not work out, we suggest you select the most frequently nominated students. Select three skill leaders plus one alternate who will serve as a skill leader should one of the others decline the opportunity. If students should ask, it is alright if they nominate themselves.

5. Tell the students:

a. You will tally the nominations.

b. Tomorrow you will let them know which students were selected as skill leaders.

NOTE: Skill leaders will attend a special training. To do this, they will need to be informed the day after they've been selected. Ask them if they would like to be a skill leader. If they all agree, inform them about the training. If a student does not want to participate, ask the alternate student to participate.

SESSION B

SKILL LEADER TRAINING

OBJECTIVE

Skill leaders will be able to demonstrate their roles for Project SMART.

MATERIALS

Worksheet: TECHNIQUES TO SAY NO

Worksheet: BEING A PROJECT SMART SKILL LEADER MEANS...

NOTE: Rather than having all the teachers at a school train their own skill leaders, you may want to designate one person to train all the leaders at the same time.

ACTIVITY 1: INTRODUCTION

TIME: 5 minutes

METHOD: Lecturette

1. Congratulate the students for being chosen as skill leaders by their classroom members.

2. Explain to the skill leaders that Project SMART is a drug abuse prevention program. The three main drugs that will be talked about are tobacco, alcohol and marijuana.

3. Explain to the students what a skill is.

4. Explain that Project SMART has several activities that rely on skill leaders to demonstrate. Project SMART will help them practice several ways to say "no" to drug offers. As skill leaders they are also role models for their classmates in showing them how these skills can be done.

5. Tell them that today they will be trained in some of these skills so they can be prepared when they go back into the classroom to do Project SMART.

6. If more than one class is involved, ask the skill leaders to introduce themselves and tell which class they are from.

ACTIVITY 2: THE PRESSURE IS ON

TIME: 5-10 minutes

METHOD: Lecturette/Demonstration

1. Explain to the skill leaders that there are four levels of pressure that people are usually given to use drugs.

2. Define and demonstrate each type of pressure.

    a. Hot: The strongest pressure; uses threats or violence

       Example: "If you don't take this joint, I'm going to beat you up!"

    b. Teasing: People tease you if you say "no"

       Example: "Are you chicken? Come on, you big baby!"

    c. Friendly: A simple offer

       Example: "Would you like a cigarette?"

    d. Unoffered: Pressure that you may feel, but is not always a direct offer.

       Example: "Hey, why don't you come to my party? There's going to be a lot of beer. It'll be fun!"

ACTIVITY 3: TECHNIQUES TO SAY "NO"

TIME: 15 minutes

METHOD: Class Discussion/Demonstration

1. Write the word TECHNIQUE on the board and ask the students to define it. Write the definition on the board as "a way to do something".
2. Explain to the skill leaders that there are several techniques they can use to say "no" to drug offers.
3. Distribute the worksheet TECHNIQUES TO SAY NO to each Skill Leader.
4. Review and demonstrate each technique.
5. Ask the skill leaders which technique would work best for each level of pressure.
6. Explain to the skill leaders that in their class they will be asked to demonstrate a technique to say "no" with another skill leader. Tell them that two skill leaders at a time will come to the front of the class. One leader will offer a drug and the other leader will refuse, using the technique the teacher just described.

ACTIVITY 4: PRACTICING SAYING "NO"

TIME: 10 minutes

METHOD: Skill Rehearsal

1. Pretend to offer each skill leader a drug (alcohol, tobacco, or marijuana) and have the leader refuse the offer by using one of the techniques to say "no".
2. Tell them that in the classroom everyone will get a chance to use one of the techniques to say "no". Explain that they will be the ones pretending to offer their classmates a drug. Each student must refuse the offer.
3. Have one of the skill leaders come to the front of the class.
4. Ask the leader to offer a drug to the other students so that they can practice one of the techniques to say "no" in refusing the offer. Make sure that the skill leader offers only once to each person, keeping the rehearsal simple.
5. Have another skill leader come to the front of the class and pretend to offer a drug to other students, who are to refuse the offer.
6. Explain to all the skill leaders that they will demonstrate in the same manner when Project SMART is taught in their classroom. They will be asked to come to the front of the classroom and pretend to offer other classmates a drug.

ACTIVITY 5: SUMMARY

TIME: 10 minutes

METHOD: Class Discussion

1. Explain to the skill leaders that as leaders of their classroom, they will have responsibilities throughout Project SMART.
2. Distribute the worksheet BEING A PROJECT SMART SKILL LEADER MEANS... to each skill leader.
3. Review the worksheet with them. Emphasize that they should refer to the worksheet periodically to help them remember their role in Project SMART.

TECHNIQUES TO SAY "NO"

There are many different ways to say "no" to drug offers. Some of these techniques are:

1.	"No thanks" Technique	"Would you like a cigarette?" "No thanks."
2.	Giving a Reason or excuse	"How about a beer?" "No thanks. I don't drink."
3.	Broken Record	Repeat the same phrase over and over. "Would you like a cigarette?" "No thanks." "Come on!" "No thanks." "Just try it, chicken!" "No thanks."
4.	Walk Away	"Would you like to smoke some marijuana?" Say "no" and walk away while you say it.
5.	Avoiding the Situation	If you see or know of places where people often use drugs, stay away from those places or go another way.
6.	Cold Shoulder	"Hey! How about a beer?" Just ignore the person.
7.	Reversing the Pressure	Putting the pressure back on person offering you the drug. "Do you want to smoke a joint with me?" "No thanks. I thought you were my friend."
8.	Strength in Numbers	Hang around with non-users, especially where drug use is expected.

Being a
PROJECT SMART
Skill Leader means...

... Encouraging your classmates to participate

... Coming to the front of the room and demonstrating one of the techniques to say "no"

... Encouraging classmates to role play

... Helping to keep classmates quiet and paying attention

GOOD LUCK AND HAVE FUN!

SESSION ONE

WELCOME TO SMART

OBJECTIVE

Students will be able to differentiate between fact and fiction regarding drugs.

MATERIALS

Question Box - You can use a decorated coffee can or box.

Student Workbooks

ACTIVITY 1: WELCOME TO SMART

TIME: 20 minutes

METHOD: Lecturette

1. Explain to the students:
    a. That Project SMART is a program designed to help keep young people from using drugs.
    b. The schedule for when Project SMART will be taught in their class.
    c. That there will be some homework assignments. These assignments will be collected and reviewed.
    d. That the main drugs to be discussed are alcohol, tobacco (cigarettes and smokeless tobacco or "chewing" tobacco), and marijuana. This is because people usually use these drugs before they use any other drugs. The students can, however, discuss any other drugs that they want.
2. Explain to the students that one of the primary, activities in SMART will be skills training. The skill they will learn and practice is saying "no".
3. Point out that the project will emphasize saying "no" to drug offers, but the skills that they learn can be used in many other types of situations. Give examples.
4. Introduce the students who are skill leaders for the Project. Explain that their primary role will be to demonstrate the skills being taught.
5. Distribute a SMART workbook to each student. Have them write their names on the workbook.

6. Write the word INFLUENCE on the board. Ask the students to define it. Write the definition on the board as "something that may change the way a person thinks or acts". Have the students enter it on their SMART WORDS worksheet, Page 1 of their workbook.

7. Explain to the students that Project SMART will deal with influences to use and not use drugs. Some of these influences may be positive (good) and some may be negative (bad). Ask the students to cite examples of persons or things that might influence young people to:

   a. Use drugs.

   b. Not use drugs.

8. Point out that Project SMART will focus on the following influences: peers, adults, and the media (advertising and entertainment).

9. Ask the students the following questions, having them raise their hands to show their opinion:

   a. How many of you think all drugs are bad for you?

   b. How many of you have ever used drugs?

   c. How many of you have ever taken aspirin or cough syrup?

10. Discuss the following points:

    a. Most of us hear the word DRUG and we immediately think of harmful or illegal drugs. But some drugs are invented or used to help us get well. Examples: aspirin, cough syrup.

    b. Even drugs that were meant to be helpful to us could be harmful if they are misused. Examples: a baby taking too many aspirin or an adult using too many sleeping pills.

c. There is a difference between the use and abuse of drugs.

11. Ask the students what it means to abuse a drug. Explain that abuse of a drug is misuse. The following are examples of drug abuse:

    a. When a person takes too much of a drug.

    b. When a person uses a drug illegally.

    c. When a person uses a drug for the wrong reasons. Example: use of a pain killer to get "high".

    d. Use of a drug in a way that endangers health.

12. Ask the students what it means to be addicted to a drug. Write the word ADDICTION on the board. Write the definition on the board as "a habit over which a person does not have control." Have the students enter it on their SMART WORDS worksheet.

13. Explain that there are two types of addiction:

    a. Physical: A person's body becomes so used to the drug that the person feels uncomfortable without it. If the drug is taken away, or withdrawn, the person can feel great physical discomfort. Examples: shakes, nausea pain.

    b. Psychological: A person gets into the habit of taking a drug because he wants the feeling the drug gives to him. He begins to feel he can't make it through the day without the drug. When the drug is withdrawn or taken away, he won't feel physical pain, but he will feel upset and find it hard to get along without the drug.

14. Write the definition of DRUG on the board as "any non-food substance that causes a change in the body and/or mind." Have the students enter the definition on their SMART WORDS worksheet.

15. Discuss with the students why alcohol and tobacco are considered drugs. Refer to the definition of a drug, having them briefly tell you what changes are caused by tobacco, marijuana, and alcohol. (Refer to the drug fact sheets included at the front of the curriculum for further information regarding each drug.)

ACTIVITY 2: HOW MUCH DO YOU REALLY KNOW?

TIME: 15 minutes

METHOD: Quiz/Class Discussion

1. Tell the class that you want to see how much they really know about drugs.
2. Have the students turn to the worksheet "HOW MUCH DO YOU REALLY KNOW?" (Page 2)
3. Read each statement, and have them fill in the blank with the correct answer. Explain to the students that the answers to choose from are provided in their workbook on Page 3. Point out that some answers may be used more than once and more answers are listed than they will need to use.
4. Review and discuss each statement, asking students for the correct answer. (A key to the quiz is included at the end of this lesson.) After each statement, have the students:
    a. Raise their hands to show how many knew the correct answer.
    b. Write the correct response on their paper.

ACTIVITY 3: PREPARING FOR QUESTION BOX ACTIVITY

TIME: 5 minutes

METHOD: Individual Work

1. Ask the students to take out a piece of scratch paper.
2. Explain that they are to write down questions they have about any drugs. If they don't have a question, ask them to sit quietly and patiently.
3. Tell them not to include their name.
4. Walk around the room, having students place their questions in the can or box.
5. Explain that the questions will be answered in a future Project SMART Session.

NOTE: If you plan on having the skill leaders answer the questions, see the section ANSWERING QUESTIONS ABOUT DRUGS.

ACTIVITY 4. SESSION SUMMARY

TIME: 2-3 minutes

METHOD: Class Discussion

1. Explain to the students that today was just the beginning of Project SMART.
2. Ask the students which drugs will be emphasized in Project SMART.
3. Ask the students to define:
    a. INFLUENCE
    b. DRUG
    c. ADDICTION
4. Explain to them that in the next session you will talk more about what happens when people use drugs.

HOW MUCH DO YOU REALLY KNOW?

KEY

1. Alcohol is a depressant or drug.

2. The most commonly abused drug in the U.S. is alcohol.

3. The addictive drug in tobacco is nicotine.

4. A drug is any non-food substance that changes the way your body or mind works.

5. The drug in marijuana that creates the "high" is THC.

6. It takes approximately 4 weeks for the body to get rid of all the THC in one "joint".

7. The tar in cigarette smoke can cause cancer in some people.

8. Addiction is when a drug user has become "hooked".

9. Chewing tobacco is believed to cause cancer of the lips, mouth and tongue.

10. Smoking cigarettes and marijuana may result in cancer of the lungs.

11. The way cocaine is commonly used often causes damage to the nose.

12. The abuse of alcohol can damage brain cells.

13. Cocaine is a drug that is psychologically addicting.

SESSION TWO

CONSEQUENCES

OBJECTIVE

Students will be able to discuss the consequences of drug use and nonuse.

MATERIALS

Student/Parent Workbook

ACTIVITY 1: REVIEW OF PREVIOUS SESSION:
WELCOME TO SMART

TIME: 2-3 minutes

METHOD: Class Discussion

1. Ask the students to recall:
    a. The definition of DRUG.
    b. The definition of INFLUENCE.
    c. Why alcohol and tobacco are considered drugs.
2. Explain to them that today they will be discussing what happens when people use drugs like tobacco, alcohol, and marijuana.

ACTIVITY 2: CONSEQUENCES OF DRUG USE AND NONUSE

TIME: 30-40 minutes

METHOD: Class Discussion/Brainstorming

1. Write the word CONSEQUENCE on the board and ask if anyone can define it. Write the definition on the board as "a result of something you do." Have the students enter the definition on their SMART WORDS worksheet (Page 1) of their workbook.

2. Ask them to give possible consequences of:

   a. Not doing their homework.

   b. Studying hard for a test.

   c. Getting into a fight.

3. Write the following information on the board:

   + positive (good)
   - negative (bad)

4. Explain that some consequences are negative (-) (things we don't want to happen), and others are positive (+) (things we want to happen).

5. Explain to them that they will be "brainstorming" the consequences of using and not using drugs. This means that they will try to list as many answers as they can in a short amount of time.

6. Explain brainstorming:

   a. Students work in small groups to list as many consequences as they can in 2-3 minutes.

   b. The group must decide on one person who will record all the answers.

   c. The recorder must write down everyone's answers.

d. They should try to think of so many answers that they keep the recorder writing constantly.

7. Arrange the class into groups of 4 students each and have each group select a recorder.

8. Write the following headings on the board and assign one to each group:

Not Using Smokeless Tobacco

Not Drinking Alcohol

Using Smokeless Tobacco

Drinking Alcohol

Not Smoking Cigarettes

Not Smoking Marijuana

Smoking Cigarettes

Smoking Marijuana

9. Have the recorder take out a piece of paper and write the group's category at the top.

10. Tell the students to begin, stopping them after approximately three minutes have passed. Monitor the class for anyone who is being judgmental of other students' answers.

11. Beginning with the groups whose category was "Not Smoking Cigarettes", ask the recorders to each give one answer. Write their answers on the board under the appropriate heading. No one should repeat an answer already given. Continue until all answers for the "Not Smoking Cigarettes" category have been given.

12. After each answer is given, ask the class if the answer is a positive or negative consequence. Label each answer with a "+" or "-". (Some answers may get both labels.)

13. Continue with the other categories until all new answers have been given for each category. Ask the class if they have any other answers to contribute.

14. Throughout the discussion, correct any misinformation students may have. (The fact sheet in the front of this guide provides information about the effects of drugs.)

15. Encourage students to list non-health or social consequences of drug use instead of primarily focusing on health-related consequences. If students do not mention them, encourage them by setting up a situation that would result in the consequence. Ask them what the consequence would be for that situation.

Example of Social Consequence:

Getting in trouble

Ask: "What would the consequence(s) be if you got caught smoking at school?"

NON-HEALTH RELATED CONSEQUENCES

Not Using Smokeless Tobacco	Using Smokeless Tobacco
Save money	Costs money
Won't become a habit	Ugly habit
Won't spit	You spit a lot
Won't have bad breath	Leaves stick to your teeth
Won't have leaves stuck to your teeth	

Not Smoking Cigarettes	Smoking Cigarettes
Save money	Get in trouble
Won't become a habit	Put smoke in the air
Better reputation	Changing group of friends
Don't pollute the air	Bad breath
Won't fit in with certain groups	Yellow teeth
	Coughing

Not Drinking Alcohol	Drinking Alcohol
Save money	Relaxes you
More alert	Fight
Better reputation	Poor coordination
Better coordination	Say things you don't mean
Fewer problems	Smelly breath
	Embarrass self
	Get sick

Not Smoking Marijuana	Smoking Marijuana
Save money	Slow reflexes
More alert	Get in trouble
Better reputation	Get in trouble
Fewer problems	Changing group of friends
May not get invited to parties	Red eyes
	Laugh a lot
	Laziness
	Munchies

If no positive consequences have been listed under use, ask the students if they can think of any positive consequences of using the drug. List their answers on the board.

16. Have students turn to the worksheet CONSEQUENCES (Page 5-6) in their workbook. Ask them to choose from the list on the board two consequences of both using and not using that are important to them. Have them list the consequences on the worksheet, indicating whether they are positive or negative.

17. Ask a few students to share the consequences that are most important to them.
18. Ask the students if they notice any pattern in the lists on the board. If not, ask them where most of the positive consequences are listed (under nonuse).
19. Discuss until consensus is reached that most of the consequences of using drugs are negative, while most of the consequences of not using drugs are positive (things that we want to happen to us).
20. Explain that people may try to influence them to use drugs by emphasizing all the good things and rarely mentioning negative consequences. From the list on the board, it's obvious that there are not many positive consequences of using drugs.

ACTIVITY 3: SESSION SUMMARY

TIME: 5 minutes

METHOD: Lecturette

1. Ask the students to recall:
   a. The definition of CONSEQUENCE.
   b. If most of the consequences of not using drugs are positive or negative.
2. Explain to them that in the next SMART session they will be playing a game to learn about the effects of using drugs.
3. Distribute the Project SMART Student/Parent Workbooks.
4. Explain to them that:
   a. They are going to do several homework assignments this semester in Project SMART that are to be done with their parents or another adult.
   b. They are to take the whole booklet home and leave it there.
   c. With their parent, they should decide on a safe place to keep the booklet.
   d. Their parents should read the introductory pages to learn about Project SMART and the lessons being taught in class.
5. Tell them:
   a. To turn the booklet to the homework assignments beginning with WEIGH THE CONSEQUENCES.
   b. They will find the homework assignments here.
   c. Tonight they are to do WEIGH THE CONSEQUENCES with a parent.

   d. When they complete the assignment, the adult they worked with should sign his/her name at the bottom of the sheet.

   e. They must return the signed homework assignment in the next Project SMART class.

6. Review the directions for the homework, WEIGH THE CONSEQUENCES. Make sure they understand that this is to be done with an adult, at home tonight, and return, signed, at the next Project SMART class.

7. Remind them that they are doing only one homework assignment tonight and the booklet itself stays home.

SESSION THREE

PREVENTION BASEBALL

OBJECTIVE

Students will attempt to correctly answer questions regarding the effects/consequences of drug use/abuse.

ACTIVITY 1: REVIEW OF PREVIOUS SESSION: CONSEQUENCES

TIME: 5 minutes

METHOD: Class Discussion

1. Have the students take out their homework WEIGH THE CONSEQUENCES.
2. Ask the students to recall:
    a. The definition of CONSEQUENCE.
    b. Consequences of using each drug.
    c. Consequences of not using each drug.
3. Ask the students:
    a. How many of them wrote down consequences that were similar to their parents.
    b. What the consequences would be if their parent caught them using drugs.
4. Collect the homework.

ACTIVITY 2: PREVENTION BASEBALL*

TIME: 35-40 minutes

METHOD: Team Activity

1. Draw a diagram of a baseball diamond and scoreboard on the board.

2. Divide the group into two teams.

3. Designate one team as "home" and the other a "visitor".

4. Explain the directions and scoring to the students.

   <ins>Directions</ins>: Beginning with the visiting team, each team member gets a turn at bat by answering a question. The player begins by requesting a single, double, triple, or home run question; single questions are the easiest and home runs the most difficult. If answered correctly, place an "X" on the appropriate base of the baseball diamond. Then, continue with the next player on the visiting team, keeping score until <ins>two</ins> outs are made by the visiting team. An out is made when a player answers a question incorrectly. If an <ins>incorrect answer is given</ins>, DO NOT give the correct answer, but use the same question another time. If it is again answered incorrectly, give the correct answer.

5. Continue by doing the same with the "home" team.

6. Make sure each team has the same number of times at bat.

7. The team with the most "runs" is the winner.

*OPTIONAL SKILL LEADER ACTIVITY - have skill leaders keep score and/or read the questions.

ACTIVITY 3: SESSION SUMMARY

TIME: 2-3 minutes

METHOD: Lecturette

1. Congratulate the team who won Prevention Baseball.
2. Explain to them that in the next SMART session they will be talking about all the different ways to say "no" when people influence them to use drugs.

QUESTIONS FOR "ALCOHOL BASEBALL"

SINGLES

1.	True or False: The legal age for drinking alcoholic beverages is 21 in California.	True.
2.	How can alcohol affect someone: a) physically b) mentally c) both d) neither	c. both
3.	True or False: Most alcoholics are skid row bums.	False.
4.	What is alcoholism?	A disease in which the drinker cannot control his/her drinking.
5.	True or False: At least 50% of all deaths from automobile accidents involve alcohol.	True.
6.	True or False: You can avoid getting drunk if you only drink beer.	False.
7.	True or False: Alcohol is one of the safer drugs because it will not cause death.	False.
8.	True or False: Most marijuana smokers are 18 years old or younger.	False.
9.	True or False: Smoking marijuana does not affect how well the brain can function.	False.

SINGLES

10.	True or False: Heavy marijuana smoking cannot give you cancer.	False. There are many ingredients in marijuana that irritate and damage your mouth, tongue, throat and lungs, leading to potential cancer.
11.	True or False. If you are really a "cool" person, you can drink more than an average person before you get drunk.	False. Getting drunk has nothing to do with your personality.
12.	Does chewing tobacco cause cancer?	Yes. It can cause cancer of the gums, tongue, mouth and throat.
13.	True or False: Marijuana does not contain nicotine.	True.
14.	True or False: Smoking cigarettes makes you look cool and grown-up.	False. That old-fashioned image has disappeared. If you smoke people usually think it looks unhealthy.
15.	Is alcohol a drug?	Yes.
16.	True or False: Alcohol is the drug most used and abused in our society.	True.
17.	True or False: Alcohol is nutritious.	False, it has calories but no food value.
18.	True or False: Sniffing glue does not cause damage to the liver, kidneys, or brain.	False.

SINGLES

19.	True or False: Cocaine can ruin your life.	True. A cocaine addictive person can lose his job, money, family and friends.
20.	True or False: If you are under the age of 12, you cannot become an alcoholic.	False. Any age person can become addicted to alcohol, including the unborn baby of an alcoholic mother.
21.	True or False: People who drink more than they should often believe they can think as clearly as when they are sober.	True. They often believe they can think clearly. In reality, they can't.

QUESTIONS FOR "ALCOHOL BASEBALL"

DOUBLES

1.	True or False: Drinking coffee can help someone who is drunk sober up.	False. This will just make you a wide-awake drunk.
2.	Can alcoholism be cured?	No, it can only be treated and controlled.
3.	What is the best way to sober up?	Time is the only way.
4.	True or False: There are different types of alcohol in beer, wine, hard liquor and they cannot be compared.	False.
5.	True or False: You can have problems from drinking alcohol even if you don't get drunk.	True.
6.	True or False: Caffeine can produce withdrawal symptoms in someone who drinks caffeinated beverages regularly.	True.
7.	True or False. There is more alcohol in one glass of wine than there is in a regular sized can of beer.	False. The amount of alcohol is the same in both.
8.	True or False: Caffeine is a depressant - slows body functions down.	False. It increases one's heart rate, breathing and blood pressure.
9.	True or False: People who drink too much are usually courteous and polite to others.	False. They are usually rude and obnoxious.

DOUBLES

10.	Do advertisements for alcoholic beverages ever show both the good and bad aspects of drinking?	No.
11.	Name one drug that can be helpful to young people.	Aspirin, tylenol, antibiotics, or medications to help control diseases.
12.	True or False: Having a full stomach will keep you from getting drunk.	False. It may slow the absorption of alcohol into the bloodstream but will not keep a person from getting drunk.
13.	What is the definition of a long term consequence?	Consequences that happen over a long period of time or in the future.
14.	Give an example of a long term consequence of smoking cigarettes.	Cancer, lung disease.
15.	What is the definition of a short term consequence?	Consequences that happen right away.
16.	Give an example of a short term consequence of drinking alcohol.	Smelly breath, poor coordination, get sick, embarrass yourself, get in trouble.
17.	True or False: Cigarette smoke damages the air sacs in the lungs, making it more difficult to breathe.	True.

DOUBLES

18.	True or False: Babies whose mothers drink alcohol heavily during pregnancy can be born addicted to alcohol.	True.
19.	True or False: Drinking 2 or 3 cups of coffee everyday will not hurt you.	False. It can harm some people. The caffeine in coffee stimulates many of the body's organs to work overtime.
20.	True or False: Drug addiction is a leading cause of crime.	True. Many addicts will do anything to get money to buy drugs, including robbery, prostitution and murder.
21.	What does it mean to abuse a drug?	To abuse a drug means to use it in a way it wasn't intended to be used or to use too much of a drug.
22.	True or False: Cigarette smoking causes the heart to beat slower.	False. It makes it beat faster.
23.	True or False: People who abuse alcohol usually have other problems as well.	False.
24.	True or False: Smoking marijuana or taking cocaine makes your troubles go away.	False. It only seems that way -- and that feeling lasts only a short time. Usually smoking marijuana or using cocaine creates more problems.

DOUBLES

25.	True or False: Mixing drinks gives you a worse hangover.	False. It's the alcohol in drinks that gives you a hangover -- and the alcohol is the same in all drinks.
26.	True or False: A popular name for heroin is "Angel Dust."	False. Angel Dust is the street name for PCP, Phencyclidine.
27.	True or False: Alcohol is a stimulent - increases the rate of the body's functions.	False. It is a depressant. It slows down the body functions.

QUESTIONS FOR "ALCOHOL BASEBALL"

TRIPLES

1.	True or False: It takes alcohol less than a minute to reach the brain.	True.
2.	Name two withdrawal symptoms of of heavy alcohol drinkers.	Delirium tremors, hallucinations, shaking, sweating.
3.	Which of the following does not contain a drug -- Whiskey, cola drinks, coffee, cigarettes, ginger ale, or cough syrup?	Ginger ale.
4.	In what two organs is alcohol first absorbed?	The stomach and small intestine.
5.	What is the number one cause of death among young people?	Accidents -- 60% of which involve alcohol.
6.	How can Fetal Alcohol Syndrome (a group of birth defects caused by alcohol) be prevented?	A pregnant woman just has to avoid alcohol.
7.	True or False: Everyone reacts the same way to the same amount of alcohol.	False. There are many influences: body weight (more blood to dilute alcohol), amount of food in the stomach, mood or attitude, previous experience with drinking, type of beverage, rates of metabolism of alcohol for the individual.
8.	True or False: The advertisements for alcoholic beverages are intended to appeal only to people over 21.	False.

TRIPLES

9.	List three ways how nonsmokers can be affected by cigarette smoke?	Red eyes, coughing, nausea, difficulty in breathing, lung diseases.
10.	On the average, how long does it take for the effects of one drink of alcohol to wear off for an adult?	One hour.
11.	True or False: Marijuana makes it easier for bacteria to infect your body.	True.
12.	True or False: Heavy marijuana use can stunt physical development of males.	True. It can retard the growth rate so that males have narrow shoulders and lack of muscle development.
13.	True or False: In the last 10 years more women are getting lung cancer and emphysema from smoking cigarettes.	True. While these two diseases are killing fewer men as a result of the reduction of smoking in the male population, more women are dying as a result of these two killers.
14.	True or False: If a friend sells or gives you a drug you can be sure it's pure.	False. Many street drugs are cut (mixed) with harmful substances that make their effect even worse. You or your friend have no way of knowing what's mixed with a drug unless you take it to a laboratory for chemical analysis.

TRIPLES

15.	True or False: People who smoke marijuana or take other drugs are much more creative and artistic when they are "on" the drug.	False. It only seems that way. Once they are no longer under the influence they realize their great schemes or works of art have little merit.
16.	True or False: Cocaine is the only drug that is not addictive.	False. Cocaine is extremely addictive. In laboratory studies rats will starve themselves if given a choice between food and cocaine.
17.	True or False: Other than Alcoholics Anonymous, there are no organizations that can help people get rid of a drug and alcohol habits.	False. There are many organizations similar to Alcoholics Anonymous for people with a drug problem.
18.	True or False -- Young people are more athletic than adults, they can usually drink more alcohol before they become drunk.	False. Young people may be healthier than adults, but how much a person can drink before they get drunk has little to do with their physical stamina.
19.	True or False: Marijuana became legal in California this year.	False. It is illegal to possess marijuana in California.
20.	True or False. An appetite suppressant (something that takes away your appetite) is not a drug.	False.

TRIPLES

21.	True or False: A law has been passed that protects non-smokers from smokers in the working place.	True.
22.	True or False: Injecting a drug into your vein with a hypodermic needle is the safest way to take it.	False. Many life threatening diseases, such as hepatitis and AIDS, are passed from one drug use to another by way of needles that are not clean.
23.	The addicting drug in tobacco is _________.	Nicotine.
24.	Give 2 reasons why people use drugs.	To fit in, look older, forget problems, relax, peer pressure, get high.
25.	State two short term negative consequences of smoking cigarettes.	Increased heart rate, increased rate of breathing, increased blood pressure, bad breath, coughing, nausea.
26.	True or False: If you drank a whole bottle of vodka, you could go into a coma.	True.

QUESTIONS FOR "ALCOHOL BASEBALL"

HOME RUN

1.	What organ breaks down 90% of the alcohol in the body?	The liver.
2.	True or False: The alcoholic is the only one who can receive help in dealing with alcoholism.	False. Relatives, friends, or others can go to agencies and hospitals for help also.
3.	Name three free agencies that can help people with a drinking problem.	Alcoholics Anonymous, Al-Anon, Al-Ateen, Al-Atot.
4.	Give the definition of "drug".	Any non-food substance that changes the way the body or mind works.
5.	What is the difference between alcoholism and being drunk?	Being drunk is temporary and occasional; alcoholism is a disease.
6.	Describe what it means to be addicted to a drug.	The body develops a tolerance so that a person needs larger doses to be affected.
7.	Children of alcoholics always become alcoholics too.	False. They are at greater risk than other young people, but they can prevent it if they wish.
8.	What is the most common way of taking cocaine?	Snorting it -- breathing it up one of your nostrils.
9.	True or False: It doesn't hurt you to drink alcohol if you are also taking medication prescribed by the doctor.	False. If mixed with alcohol, some prescribed drugs are lethal.

HOME RUN

10.	True or False: Smokeless tobacco (chewing tobacco or snuff) is a good substitute for cigarettes if you are trying to stop smoking.	False. These products can result in oral cancer, low birth weight babies and birth defects if used by pregnant women. Severe withdrawal symptoms and even death occur if one tries to stop, just as with cigarette smoking.
11.	True or False: There is no fetal syndrome associated with cocaine.	False. Doctors are just beginning to understand the effects of cocaine on unborn babies. Among these, low birth weight, paralysis, respiratory and kidney problems, visual problems, lack of coordination and mental retardation are found.
12.	True or False: LSD doesn't affect your judgement like alcohol does.	False. Many people taking LSD believe they can do things, such as flying like a bird, that result in serious injury or death.
13.	True or False: Cocaine can result in the decay of the lining (membranes) of your nose.	True.
14.	True or False: When smoking marijuana your memory works better than usual.	False. Many people, while smoking marijuana, have severe short-term memory loss.
15.	True or False: Cocaine is used only by a minority of Americans.	True. A recent study estimates that less than 3 percent of all Americans use cocaine regularly.

HOME RUN

16.	True or False: Although LSD has some serious after effects, while you are taking it, it always makes you feel good.	False. Many people have "bad trips" that can change a person's personality for a long time.
17.	True or False: Heroin use is illegal in every country in the world.	False. It is illegal in most countries, including the United States. But it is legal for physicians to use it in Great Britain.
18.	Name two short term negative consequences of smoking marijuana.	Increased heart rate, higher blood pressure, lower body temperature, red eyes.
19.	Does drinking in cold weather help you keep warm?	No. While alcohol temporarily increases circulation, the brain soon slows down the heart rate. Blood vessels constrict, making the drinker think they feel warm when their body is really cold.
20.	What are two symptoms that should warn people that their drinking may be leading to alcoholism?	Blackouts, sneaking drinks, drinking in the morning, denying one's drinking, gulping drinks, loss of control or drinking, frequently concerned about getting the next drink.
21.	Two effects of marijuana that might make it unsafe for users to drive a car are ____________________.	Slow reflexes, distorted depth perception, slower at making decisions.

HOME RUN

22.	How can cigarette smoking by a pregnant woman affect her unborn child?	High risk of having a low birth weight baby.
23.	True or False: It's been proven that Angel Dust is the safest drug to take because you can always tell how the person taking it will act.	False. Angel Dust affects everyone differently. Many perfectly normal people when taking Angel Dust have violent psychotic (crazy) episodes which can recur later when off the drug.

SESSION FOUR

TECHNIQUES TO SAY "NO"

OBJECTIVE

Students will be able to:

1. Describe several types of peer pressure to use drugs.
2. Demonstrate effective techniques for refusing drug offers.

ACTIVITY 1: THE PRESSURE IS ON

TIME: 10-15 minutes

METHOD: Class Discussion/Demonstration

1. Explain to the students that today they are going to begin learning ways to refuse, or say "no", to drug offers.

2. Ask the students to define "PEER PRESSURE". Explain to them that peers are people their own age. Ask if anyone can now define peer pressure.

3. Write the definition on the board as "Influence put on us by people our own age". Have students enter the definition on their SMART WORDS worksheet (Page 1) in their workbook.

4. Explain to them that their friends, or people their own age, may put pressure on them to use drugs. Sometimes this pressure may be very strong. Other times there might be only a little pressure to use drugs.

5. Ask students for examples of ways that people their age offer drugs, listing their answers on the board. Encourage them to give examples when both strong and subtle pressures are used.

6. Explain to the students that there are three levels of pressure that people are usually given to use drugs.

7. Write the following underlined words on the board, explaining each one. After each definition:

    a. Ask the students for examples from their list on the board that fit into each category of pressure.

    b. Have two of the skill leaders come to the front of the room to demonstrate the type of pressure.

Hot:	The strongest pressure; uses verbal threats or violence. Example:"If you don't take this joint, I'm going to beat you up!" Example:"If you don't drink with me, I won't be your friend."
Teasing:	People tease you if you say "no". Example:"Are you chicken? Come on you big baby!"
Friendly:	A simple offer. Example:"Would you like a cigarette?"
Unoffered:	Pressure that you may feel, but is not always a direct offer. Example: "Hey, why don't you come to my party? There's going to be a lot of beer. It'll be fun!"

7. Ask the students:

   a. Which type of pressure is used most often?

   b. Do people ever start using one type of pressure and then switch to another? (Ask for examples.)

   c. Which pressure would be the easiest to say "no" to?

   d. Which would be the hardest to resist?

   e. Have any of you ever been given hot pressure to use a drug?

8. Reinforce the fact that hot pressure is rarely used to pressure people to use drugs.

ACTIVITY 2: TECHNIQUES TO SAY "NO"

TIME: 15 minutes

METHOD: Class Discussion/Demonstration

1. Write the word "TECHNIQUE" on the board and ask the students to define it. Write the definition on the board as "a way to do something". Have the students enter it on their SMART WORDS worksheet.

2. Explain to the students that there are several techniques they can use to say "no" to drug offers.

3. Ask students for examples of techniques that people their age would use to refuse drug offers. Write their answers on the board.

4. When several answers have been given, have the students turn to "TECHNIQUES TO SAY 'NO'" (Page 7-8) in their workbook and explain to them that there are several techniques that can be used to refuse drug offers.

5. As you review the list of techniques, complete the steps below for each technique:

   a. Read the description of the technique from the worksheet.

   b. Ask the students which of the techniques they gave you to list on the board fit with that particular technique.

   c. Ask which level of pressure (friendly, teasing, or hot) would work best with that particular technique to say "no".

   d. Have two skill leaders come to the front of the room and briefly demonstrate the technique.

TECHNIQUES TO SAY "NO"

"No thanks"
Reason or Excuse
Broken Record
Walk Away
Avoid the Situation
Reversing the Pressure
Cold Shoulder (See #7)
Strength in Numbers (See #8)

6. If the students did not give examples for one of the techniques, ask them for situations when that technique might work.

7. When describing the "Cold Shoulder" technique, discuss with the students when it would and would not be effective.

   Examples: "Cold Shoulder" would not be effective if you were with only one friend and that friend offered you a drug.

8. For the "Strength in Numbers" technique, have all of the skill leaders come up front, with one making the offer and all the others refusing.

ACTIVITY 3: PRACTICING SAYING "NO"

TIME: 10 minutes

METHOD: Skill Rehearsal

1. Tell the students that everyone will now get a chance to use one of the techniques to say "no".
2. Next, have one skill leader come to the front of the class. Ask the leader to pretend to offer a drug to approximately eight different students in the class. Remind him to:
   a. Keep the offer simple. He should offer just once, rather than continuing to pressure the student.
   b. Make sure than the student uses one of the techniques to say "no".
   c. Vary the level of pressure and the drug offered (alcohol, tobacco, or marijuana).
3. Repeat this process until all skill leaders have had a chance to make offers and all students in the class have practiced using one of the techniques.
4. Conclude by asking one of the skill leaders and 4-5 students come up to the front to practice the Strength in Numbers technique.

ACTIVITY 4: SESSION SUMMARY/HOMEWORK

TIME: 5 minutes

METHOD: Class Discussion

1. Ask students which of the techniques they liked using the best.
2. Remind them that there are several ways to say "no" to drug offers and some will work better than others for certain situations.
3. Tell the students that tonight's homework assignment is called RESISTING PEER PRESSURE.
4. Remind the students that:
   a. Their parents can read about the lesson in the workbook.
   b. They are to do the homework assignment with their parents.
5. Review the directions for the homework with the students explaining that:
   a. Both the parents and the students will be reading situations when they might want to say "no" to each other.
   b. They are to write down each other's answers.
6. Tell the students that the homework is due tomorrow and will be collected.
7. Explain to them that in the next session they will get a chance to practice refusing drug offers in more realistic situations.

SESSION FIVE

PEER PRESSURE RESISTANCE

OBJECTIVE

Students will be able to practice refusing drug offers in an assertive manner.

ACTIVITY 1: REVIEW OF HOMEWORK AND PREVIOUS SESSION: TECHNIQUES TO SAY "NO"

TIME: 5-10 minutes

METHOD: Class Discussion

1. Ask the students to:
   a. Recall the four types of pressure people may use to encourage others to use drugs. Write their answers on the board.
   b. Recall the definition of TECHNIQUE.
   c. Recall the techniques to say "no". To review these, offer a drug to several students, asking each to use a different technique to say "no". Vary the type of pressure given in the offer. Write the techniques on the board as they are demonstrated.
2. Ask the students to take out their homework assignments. Have several students share the results of their homework. Collect it.

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ACTIVITY 2: BEING ASSERTIVE

TIME: 10 minutes

METHOD: Lecturette and Demonstration

1. Explain to the students that there are three basic response styles that people have in a given situation: PASSIVE, AGGRESSIVE, or ASSERTIVE. Write these three words on the board. Explain that most people have responded in each of these ways at some point in their lives.

2. Tell the students that you will now demonstrate one of these styles. Ask them to watch your response carefully.

3. Ask one of the skill leaders to help you with the demonstration. Have the leader offer you a marijuana "joint", using persistent friendly pressure. Demonstrate a passive "no" response in a soft voice, showing hesitation, a lack of confidence, poor posture, no eye contact, and nervousness.

4. After the demonstration, ask the students:

   a. Did I look and sound convincing when I said "no"?

   b. Did it look like I could be talked into saying "yes"?

   c. How could I have been more convincing? (Encourage students to state how you need to stand, look, sound, and act to be more convincing.)

5. Explain to the students that you have just demonstrated a passive response. When people are passive:

   a. They often sound like they don't mean what they are saying.

   b. They often do what others want them to do, not what they want to do.

   c. They have a difficult time standing up for themselves.

6. Repeat the demonstration, with the help of a different skill leader. This time say "no" to the request in an aggressive way--speaking loudly, sounding angry, staring at him, leaning forward, and insulting him.

7. After the demonstration, ask the students:

   a. Did I look and sound convincing?

   b. How do you think (the skill leader) felt after I said "no"? (Ask the leader to tell the class how he felt.)

   c. Do you have to be loud and insulting to get your point across?

8. Explain to the students that you have demonstrated an aggressive style. When people are aggressive:

   a. They often hurt or insult others in the process of getting their point across.

   b. They push others into things.

   c. They are usually not well liked.

9. Repeat the demonstration a final time, with the help of a different skill leader. Say "no" to his offer in an assertive way--standing up straight, looking into his eyes, speaking clearly, and sounding confident.

10. Explain that you have just demonstrated an assertive style. Write the phrase BEING ASSERTIVE on the board. Write the definition on the board as "standing up for yourself without hurting others." Have students enter it on their SMART WORDS worksheet.

11. Have the students turn to the worksheet, BEING ASSERTIVE (Page 9) in their workbooks. Ask one of them to read the worksheet.

12. Summarize by making the following points:

    a. It isn't always easy to be assertive. It requires practice.

    b. In most situations, the best way to respond is to be assertive.

    c. It is particularly important to be assertive when saying "no" to drugs. Today they will get practice in saying "no" to drug offers in an assertive way.

ACTIVITY 3: INTRODUCTION TO ROLE PLAYING

TIME: 5-10 minutes

METHOD: Lecturette

1. Write the phrase ROLE PLAYING on the board and ask the students if anyone can define it. Write the definition on the board as "acting out what you would do in a situation". Have the students write the definition on their SMART WORDS worksheet (Page 2) in their workbook.

2. Briefly explain the difference between a drama and a role play:

	Drama	Role Plays
a.	A formal script is followed.	There is no set script.
b.	The purpose is to entertain.	The purpose is to see what it feels like to be in another role and to practice a certain behavior.

3. Explain to the students that in Project SMART they will be role playing situations in which their peers will offer them drugs. These situations will give them a chance to:

   a. Feel what is like to be under pressure to use drugs.

   b. Practice saying "no" to drug offers using the techniques they learned yesterday.

4. Explain to the students the following procedures and guidelines for role playing:

   a. They should try to be honest and realistic when playing their roles.

b. Just like actors do before beginning, they should take a minute to think about what it would feel like to be the person in that situation.

c. They need to speak loudly so that the audience can hear them.

d. We may ask them to repeat a role play. This does not mean they did not do a good job. Just like actors, they need to practice in order to get better at saying "no".

e. They will not get a grade for how well they acted.

f. They should remember to be convincing or assertive when saying "no".

ACTIVITY 4: ROLE PLAYING PEER PRESSURE

TIME: 20 minutes

METHOD: Role Playing

1. Define the Situation

   a. Have the class create the situation to be role played. Ask if anyone has ever been offered a drug by someone who is about their age. Tell the students that you are not going to ask how they responded to the offer and that you are not interested in knowing any names.

   b. Have one student describe an offer. If no one has been offered a drug, have the students imagine a situation. Make sure to include:

      1) The setting.

      2) The drug offered.

      3) The type of pressure.

      4) Who was present (descriptions, not names).

2. Set the Stage

   Indicate where doors, sidewalks, furniture, etc., are located. Encourage the students to use props. If being seated will make the scene more realistic, have the students sit in chairs facing the class (e.g., an offer at the movies or in front of the T.V.)

3. Prepare the Audience to be Active Observers

   a. Ask the students what they need to do to be a good audience during the role plays. Make sure that they include in their list: watching carefully, listening, sitting still, not talking, not "booing", and not making fun of the actors.

b. Tell the audience that their job will be to pay attention to the role plays and make comments about them afterwards. You will ask the questions listed below and they should be prepared to answer both of them. Write the questions on the board.

   1) What made the person assertive?

   2) Would this work in real life?

c. Explain to the students that they need to provide feedback in a noncritical way. It is important to praise the actors for what they did well.

4. Select the Participants

Ask for volunteers to play as many roles as the situation calls for. Choose students who have not yet had a chance to role play. Assign roles if no one volunteers.

5. Role Play of the Situation

a. Allow a role play to run until the student has had a chance to refuse the drug offer.

b. Cut the action if:

   1) A problem develops that hinders the role play.

   2) The role play becomes over-dramatic or unrealistic.

   3) The role play seems to be going nowhere.

6. Discussion and Evaluation

   a. Discuss the role play, using the following questions (and those on the board) as guidelines. Encourage the actors to give themselves and each other positive feedback.

      1) What was good about the role play? (What did the offeree do well?)

      2) What made the person assertive?

      3) How could the person be more assertive?

      4) Did the person's words and actions match?

      5) Which technique was used to say "no"?

      6) Was the technique appropriate for the level of pressure?

      7) Would this work in real life? Why or why not?

      8) Would you have handled this situation differently? If so, how?

      9) What might the consequences of this situation be?

   b. Discuss with the students what to do if an actor falls into a "trap" using a reason to say "no" situation. For example:

      "Would you like a cigarette?"
      "No thanks. I might get lung cancer."

      "What are you talking about? You're not going to get lung cancer from one cigarette."

Alternatives in this situation might be:

1) Using a more salient reason. ("I don't want to smell like smoke.")

2) Using the reason, "I don't smoke" or I don't want to smoke."

3) Using a broken record of "I don't smoke."

7. Reenact the Role Play

   a. Have the actors replay the same roles in light of the feedback just received. Continue until the response is effective (the actor is assertive and realistic, and uses a technique appropriate for the situation).

   b. Other options for reenactment might be:

      1) Have the actors switch roles.

      2) Have another actor role play an alternative response. This may be the student who suggests the alternative.

      3) Change the level of pressure.

      4) Have the actors include more of the conversation leading up to the drug offer.

   c. Discuss the reenactment.

8. Repeat Steps 1-7, acting out as many role plays as time allows.

ACTIVITY 5: SESSION SUMMARY/HOMEWORK

TIME: 5 minutes

METHOD: Lecturette

1. Make the following points about this session:
   a. There are many ways to say "no" to drug offers. Some techniques work better than others in certain situations.
   b. It takes practice to say "no" assertively. Role playing is good way to get that practice.
   c. In real life it may not always be easy to stand up to pressure. But, when you do resist pressure, you usually feel good about yourself.
2. Explain to the students that in a future Project SMART session they will discuss the ways the media influence people to use and not use drugs.

SESSION SIX

NORMATIVE EXPECTATIONS

OBJECTIVE

Students will be able to clarify a commonly held myth that drug users are in the majority.

MATERIALS

Four signs reading:	STRONGLY AGREE AGREE STRONGLY DISAGREE DISAGREE

NOTE: Place the four signs equidistant around the room.

NOTE:

There is a supplemental activity which can be done prior to this session. It includes a survey which provides you with statistics for your school's level of usage. See the section entitled Supplemental Activities, Drug Use Survey. Note that this supplemental activity can replace the National statistics given in Activity 3 of this session.

ACTIVITY 1: REVIEW OF PREVIOUS SESSION: PEER PRESSURE RESISTANCE

TIME: 5 minutes

METHOD: Lecturette

1. Remind the students that they have had a chance to role play how they would say "no" to different forms of pressure to use drugs.
2. Ask the students for the definition of PEER PRESSURE.
3. Ask the students who would pressure them the most to use drugs. (Their friends).

ACTIVITY 2: SURVEY RESULTS

TIME: 10 minutes

METHOD: Lecturette

1. If you implemented the supplemental activity, "Drug Use Survey", present the results of the survey. If you choose to not utilize the survey, present the statistics given below.

Percent of Monthly Users by Grade

	5	6	7	8	9	10	11	12	Adults*
Tobacco	5%	7%	14%	20%	25%	30%	31%	32%	35%
Marijuana	1%	2%	5%	10%	15%	20%	23%	25%	12%
Alcohol	12%	15%	25%	35%	45%	50%	53%	56%	70%

*Adult use of marijuana in the 18-30 year old group is around 28%. For those over 30 it drops to around 6%

2. Explain that one reason they may over estimate the number of people their age who drink is because of the influences from television, advertisements, or seeing people using drugs. When we see people drinking, their image may stay in our mind longer and make a bigger impression than seeing a group of people who aren't drinking.

3. Summarize by stating that most people their age do not drink alcohol regularly. In fact, far less than half of the people their age drink alcohol regularly.

ACTIVITY 3: PREPARATION FOR NORMATIVE EXPECTATIONS

TIME: 5 minutes

METHOD: Lecturette

1. Explain to the students that today they are going to participate in an activity that will help them to discuss people's opinions about drug use.

2. Point out the four signs around the room. Explain to them that in a few moments you are going to make a statement in regard to people's drug use. Example: People who smoke cigarettes look cool. After the statement is read, the students are to go stand by the sign that best represents how they feel about the statement.

3. Point out the following ground rules prior to beginning the activity:

    a. You may choose any sign to stand by, but you must be able to explain your reason for standing there.

    b. Stand up for your own opinion; don't just follow your friends or stand with the crowd.

    c. Listen to others' opinions.

    d. Wait patiently for your turn to speak.

    e. Don't put anyone else down if they have a different opinion.

NOTE: If you suspect that discipline problems may arise due to having students move around the room, preface the activity with the following remarks:

   a. This activity can be done either sitting down in your chairs or moving around the room.

   b. It is more fun to move around the room, but the students' behavior will be the determining factor in how this activity is done.

ACTIVITY 4: NORMATIVE EXPECTATIONS

TIME: 20 minutes

METHOD: Class Activity

1. Have the students stand by their chairs. Read the statement below, explaining to the students that they have 30 seconds to go stand by the sign that best describes how they feel. Remind them:

   a. That they must be able to explain why they are standing by that particular sign.

   b. Not to simply follow their friends.

   c. To wait patiently and quietly.

   Statement 1: Smoking cigarettes makes people look grown-up or mature.

2. After students have found the place where they want to stand, use the following questions to aid in discussion. Ask for opinions from all four groups.

   a. Do people think they look more mature when they smoke? Why?

   b. How do you think they look?

   c. Why do you think people smoke? What motivates them?

   When it is appropriate, summarize the discussion of each with statements such as, "It looks as if the majority of the class doesn't think smoking (or drinking) really does make people look grown up."

3. Continue with the following statements using the discussion questions/ information after each statement.

   Statement 2: Most people your age drink alcohol frequently (at least once a month).

Discussion Questions:

a. For those of you who agree with this statement, who remembers the actual number of people your age who drink at least once a month?

b. For those of you who disagree, why do you think more people your age drink? Review the statistics if necessary.

c. Look around the room at where everybody is standing. What does this tell you about the people in your class? (Remind the students that most people their age do not drink alcohol frequently).

Statement 3: People your age smoke because they think "everybody is doing it."

Discussion Questions:

a. From what we learned earlier today, is this statement really true?

b. What could you say to someone who tried to pressure you into smoking with that line?

4. If time permits, continue with the following statements, discussing each one.

Statement 4: It's cool to get drunk.

Statement 5: The legal drinking age should be lowered.

Statement 6: It's ok to get drunk at weddings.

Statement 7: I would prefer to have friends who didn't smoke marijuana.

Statement 8: People my age who drink know how to enjoy life more.

5. Ask students to return to their seats. Compliment them on their ability to:

a. Stand up for their own opinion.

b. Listen to others' opinions.

ACTIVITY 5: SESSION SUMMARY/HOMEWORK

TIME: 5 minutes

METHOD: Lecturette

1. Pose the following to the students:

   Suppose a new kid was moving into your neighborhood and he wanted to know what you, as a class, felt about alcohol use. What would you tell him? (Focus on the answers of skill leaders whenever possible).

2. Review the main points with the students:

   a. Most students do not use drugs.

   b. People may try to pressure them to use drugs by telling them that "everybody is using drugs."

   c. They can say "no" to that type of pressure by standing up for themselves, knowing that not everyone is using drugs. In fact, most people don't use drugs.

3. Tell the students that in the next session they will be discussing how entertainers and the media influence them to use or not use drugs.

4. Review the instructions for the homework assignment VIDEO DRUG ALERT. Remind the students that the assignment is due two SMART sessions from now.

SESSION SEVEN

HOW ADVERTISING INFLUENCES US

OBJECTIVE

Students will be able to analyze alcohol and tobacco advertisements.

MATERIALS

Filmstrip: THE ADVERTISING OF DRUGS

Filmstrip projector

ACTIVITY 1: REVIEW OF PREVIOUS SESSION: NORMATIVE EXPECTATIONS

TIME: 5 minutes

METHOD: Lecturette/Class Discussion

1. Remind the students that in the last session they discussed their estimates of how many people their age used drugs within the past week.

2. Ask the students to recall the correct percentages of drug use among young people their age. Refer to the data provided in the previous session.

3. Review with the students these main points:

   a. Most students do not use drugs.

   b. Most students do not think that using drugs is ok or attractive.

   c. People may try to pressure them to use drugs by telling them that "everybody is using drugs".

   d. They can say "no" to that type of pressure by standing up for themselves, knowing that not everyone is using drugs.

ACTIVITY 2: INTRODUCTION TO ADVERTISING

TIME: 5 minutes

METHOD: Class Discussion

1. Ask the students where advertisements are found. Make sure that they mention TV, radio, billboards, newspapers and magazines.

2. Ask the students what they think the purpose of advertising is. The main point to make is that advertisers try to get people to buy their products.

3. Ask the students:

    a. Do you think people are influenced by advertisements? Why or why not?

    b. Have you ever bought a product or talked your parents into buying a product because of a commercial or advertisement? If so, what about the commercial made you really want the product?

4. Tell the students that advertisers do such a good job of trying to sell products that just by hearing a slogan people often remember the product.

5. Give the students the following examples of slogans and ask them if they know which product is being sold by the slogan:

    a. Oh thank heaven for ... (7-11)

    b. It's a good time for the great taste... (McDonald's)

    c. We Do Chicken Right (Kentucky Fried Chicken)

6. Point out that because they were able to remember these products, they demonstrated just how much people can be influenced by advertising. The influence is often very subtle--something they may not even recognize.

ACTIVITY 3: ADVERTISING TECHNIQUES

TIME: 20-25 minutes

METHOD: Slide Demonstration/Class Discussion

1. Explain to the students that advertisers use several techniques to sell products. Discuss how these techniques are often very subtle. They are examples of UNOFFERED PRESSURE. They don't really offer you cigarettes or alcohol, or say that you should use them. They make you feel like you should drink or smoke by making it appear fun, look, mature, or well accepted by everyone else.

2. Tell them that they are now going to look at slides of ads to see what advertising techniques are used to sell these products.

   NOTE: The slide show is set up as follows:

   *Slides 1, 3, 5, 7, 9, and 11 show a magazine advertisement which uses one of the advertising techniques listed on page 10 in the student workbooks.

   *Following each of these ads is a slide with the definition of the technique used in the previous slide.

3. Show slides 1-12 using the following guidelines:

   a. After each magazine advertisement, ask the students:

      1) What is the ad trying to tell you (with words and pictures)?

      2) What is the advertiser doing to make you want to buy this product?

   b. After some of the magazine advertisements ask:

      What is the ad NOT telling you about the product?

   c. After each definition slide, read the definition, explaining that it is the advertising technique used to sell the product in the previous slide.

4. Show frames 13, 14, and 15 and ask the students which of the previous techniques discussed is being used to sell the product.

NOTE: Frames 16-23 of the filmstrip are designed to demonstrate the following:

   a. How young people can be manipulated by ads.

   b. That the images portrayed by characters in ads are images that young people aspire to (e.g. being "cool", looking glamourous.)

   c. That the images are created by everything else in the picture except the cigarette or alcohol.

5. Show frame 16. Ask the students the following:

   a. What are the advertisers trying to tell you about this couple?

   b. What product do you think this picture advertises?

6. Show frame 17. After the students recognize it is an ad for alcohol, ask them:

   a. What does alcohol have to do with the rest of the picture?

   b. Ask the students if a dancer is likely to drink before a performance or during practice. Why not?

7. Show the frame 18. Ask the students the following:

   a. What are the advertisers telling you about the woman?

   b. Which product do you think this picture advertises?

8. Show frame 19. After the students recognize it as an ad for beer, ask them:

    a. What does beer have to do with the rest of the picture?

9. Show frame 20. Ask the students the following:

    a. What is the message in this picture?

    b. Does it look to you like these people are having a good time?

    c. Which product do you think this picture advertises?

10. Show frame 21. After the students recognize that it is an ad for cigarettes, ask them the following:

    a. Did the advertiser need to include cigarettes to get the idea across that these people are having fun?

11. Show frame 22. Ask the students the following:

    a. What does this man represent to you?

    b. How would you describe this man to someone else?

12. Show frame 23. Ask the students to following:

    a. Do people usually associate Santa with alcohol?

    b. Why do you think the advertisers chose him to represent their ad?

13. Have the students turn to the worksheet ADVERTISING TECHNIQUES (Page 10) in their workbooks and review the advertising techniques just discussed.

14. Summarize by pointing out to the students the advertisers have very clever ways of influencing people. They know what kinds of things people want in life (to be attractive, have friends, be "cool", have fun.) They choose pictures for use in their ads that depict these images. They try to sell you the product by selling the image.

SUMMARY OF SLIDE SHOW:

Slide No.	Description
1	Benson & Hedges Deluxe 100
2	Definition of Snob Appeal
3	NOW cigarettes
4	Definition of Comparison
5	Marlboro
6	Definition of Symbols
7	Barclay Cigarettes
8	Definition of Sex Appeal
9	Riunite Wine
10	Definition of Having Fun
11	Vantage Cigarettes
12	Definition of the Successful Person
13	More Cigarettes (Snob Appeal)
14	Budweiser Light (Symbol)
15	Cutty Sark (Successful Person)
16	Couple at the piano
17	Gordons (Sex Appeal)
18	Model Student
19	Michelob Light (Successful Person)
20	People on Rollercoaster
21	Salem Spirit (Having Fun)
22	Santa
23	Crown Royal

ACTIVITY 4: EDITORIAL POLICIES

TIME: 5 minutes

METHOD: Class Discussion

1. Ask the students why they think magazine editors try to get a lot of companies to put ads in their magazine.
2. Point out to the students that magazines make money every time a company puts an ad in their magazine. Without the money they make from ads, most magazines would not be able to stay in business. Some magazines have many different types of ads, including cigarette ads.
3. Discuss with them that the content of articles in magazines which contain tobacco ads may be affected by those ads. Ask the students the following:
    - a. Have you ever read an article in a magazine that discusses the harmful effects of smoking?
    - b. Which magazine?
    - c. Does that magazine carry ads for cigarettes?
    - d. How many of you read Seventeen? Reader's Digest?
    - e. Have you ever seen a cigarette ad in either of those magazines?
4. Point out to the students that Seventeen and Reader's Digest have a policy that they will not advertise cigarettes. Researchers have found that magazines such as Good Housekeeping, Seventeen and Reader's Digest publish more articles about the dangers of smoking than magazines which do not advertise cigarettes.

5. Ask the students the following:

   a. Why do you think that magazine editors, even though they have well-written articles about the dangers of smoking, decide not to put them in their magazines?

6. Point out to the students the following:

   a. Magazines which publish cigarette ads make a lot of money by doing so.

   b. Tobacco companies don't want their ads to appear in the same issue of a magazine which has an article about how bad smoking is.

   c. Some magazine editors (examples: Time, Newsweek), have had to make a choice between taking anti-smoking articles out of certain issues or losing large amounts of money. Unfortunately, the magazines often decide to just not discuss smoking.

   d. By having this type of policy, magazines are not providing the public with all of the information available about the harmful effects of smoking.

ACTIVITY 5: SESSION SUMMARY

TIME: 2-3 minutes

METHOD: Class Discussion

1. Ask the students how they think advertising influences people.

2. Emphasize that advertisements may influence people to use cigarettes and alcohol. By becoming aware of the techniques used in advertising, people can learn to resist these influences.

3. Explain to them that in the next session they will develop their own commercial to influence people to not use drugs.

ACTIVITY 6: ADVERTISING HOMEWORK

TIME: 2-3 minutes

METHOD: Homework

1. Review the directions for LOOKING AT ADVERTISEMENTS.
2. Explain the following to the students:
    - a. The assignment is due tomorrow.
    - b. They are to do the assignment with their parent.
    - c. Their parent should sign the homework.
    - d. It will be collected.
3. Remind the students that their VIDEO DRUG ALERT homework is also due in the next SMART session.

SESSION EIGHT

DEVELOPING ANTI-DRUG COMMERCIALS

OBJECTIVE

Students will be able to develop anti-drug commercials.

ACTIVITY 1: REVIEW OF PREVIOUS SESSION: HOW ADVERTISING INFLUENCES US

TIME: 5-10 minutes

METHOD: Class Discussion

1. Have students review the advertising techniques.
2. Have students take out their homework LOOKING AT ADVERTISEMENTS.
3. Ask for volunteers to give the results of their homework.
4. Collect the homework.

ACTIVITY 2: ANTI-DRUG COMMERCIALS

TIME: 30 minutes

METHOD: Team Activity

1. Remind students that in the last session they learned that advertisers:
    a. Use several techniques to sell cigarettes and alcohol.
    b. Don't always tell everything about a product.
2. Explain to the students that in groups they will:
    a. Create their own anti-drug commercials. (The commercial can be about any drug.) Encourage them to use one of the advertising techniques discussed in the previous session.
    b. Have 10 minutes to prepare and practice.
    c. Act out the commercial in front of the class today.
3. Arrange the students in groups of four.
4. If you think your students need more structure, have them turn to Pages 11-12 in their workbooks, SCRIPT OUTLINES, and assign one outline to each group.
5. After the students have had 5-10 minutes to prepare, ask each group to come to the front of the class and present their anti-drug commercial.
6. After each skit, ask the class:
    a. What was done in the commercial to influence them not to use the drug?

b. Which one of the advertising techniques was used?

c. How would this commercial influence people your age to not use the drug?

ACTIVITY 3: HOMEWORK/SESSION SUMMARY

TIME: 5 minutes

METHOD: Lecturette

1. Explain to the students that:
    a. Tonight's homework is entitled, TALKING TO ADULTS ABOUT DRUGS.
    b. You would like them to interview any adult (someone 18 years or older) using the questions on the worksheet.
    c. They are to write the answers on the worksheet (rather than having the adult write them).
    d. You prefer they interview one of their parents.
    e. The homework is due tomorrow.
2. Compliment the students on their commercials.
3. Remind them to be aware of the techniques that advertisers use to influence people to buy their products.
4. Ways to change ads to become anti-drug.
5. Remind the students that their homework VIDEO DRUG ALERT will also be due in the next SMART session.

SESSION NINE

ADULT INFLUENCES

OBJECTIVE

Students will be able to identify influences adults may have on them to use or not use drugs.

MATERIALS

ACTIVITY 1: REVIEW OF PREVIOUS SESSION
DEVELOPING ANTI-DRUG COMMERCIALS

TIME: 5 minutes

METHOD: Lecturette

1. Remind the students that in the last session they practiced resisting advertising influences by creating their own anti-drug advertisement.

2. Emphasize that advertisers don't always tell everything about the product they are selling. It is important to be aware of the messages that advertisers often leave out.

ACTIVITY 2: ADULT/INFLUENCES

TIME: 15 minutes

METHOD: Class Discussion

1. Have the students take out their homework, TALKING TO ADULTS ABOUT DRUGS.
2. Ask the students:
    a. How many of them interviewed one of their parents?
    b. If it wasn't a parent, who did they interview?
    c. How many of the people they interviewed thought drugs were a problem?
    d. How many felt pressure to use drugs when they were young?
3. Ask the students to:
    a. Take out their homework, VIDEO DRUG ALERT.
    b. Cite several examples of entertainers who might influence people to use drugs and explain why they might be a negative influence.
    c. Cite several examples of entertainers who might influence people to not use drugs and explain why they might be a positive influence.
    d. Explain why people have the impression that most rock musicians use drugs. Ask them how this might influence young people.
    e. List any other ways that entertainers may influence them to use/not use drugs.

4. Review and discuss use on TV by asking the students:

   a. What do TV programs tell you about drinking? About smoking?

   b. Which consequences of drinking are shown? Which consequences are usually not shown?

   c. In what ways are young people influenced by what they see on TV? Have you ever done anything because you saw it done on a TV show?

5. Collect the homework.

6. Summarize by making the following points:

   a. Parents and other adults have a great deal of influence on our behavior.

   b. Adults' behavior may influence young people to use and not use drugs.

   c. Becoming aware of negative influences is the first step in resisting them.

   d. The media contain many messages about drug use and non-use. These messages may have a strong influence on people.

   e. The media often portray drug use as fun, glamorous, and cool. TV programs and movies often fail to show the consequences of drug use.

   f. Entertainers who do not use drugs may be a positive influence on young people.

   g. Many SMART parents are being positive influences for their children by participating in SMART parent groups at school, doing the SMART homework with their children, and being concerned about the health and well-being of their families.

ACTIVITY 3: STORY WRITING/ROLE PLAY

TIME: 15 minutes

METHOD: Individual Worksheet/Role Play

1. Tell the students to think about a situation in which they were recently offered a drug (cigarettes, alcohol or marijuana). If a student has not been offered a drug, then he should imagine a time when he might be offered one.

2. Tell them to think about:

   WHERE they were and what was happening.
   WHOM they were with.
   WHAT type of pressure was given.
   HOW they did (or would) say "no".

3. Have the students turn to the worksheet STANDING UP TO PRESSURE (Page 13) in their workbook. Review the instructions with them.

4. Remind them to make sure that their paragraph:

   a. Is at least 4 sentences in length

   b. Includes WHERE, WHO, WHAT, and HOW.

   c. Includes a(n):

      1) BEGINNING: What's happening before the offer.

      2) MIDDLE: What takes place during the offer.

      3) END: How they say "no" and get out of the situation.

5. Give the students time to complete the worksheet.

6. Briefly review the worksheets as you circulate through the classroom.

7. Pick 2 or 3 situations that you feel would make good role plays. Make sure that each situation includes a beginning, middle, end and where, who, what and how.
8. Have the student read aloud and briefly describe the where, who, what, and how.
9. Ask for volunteers to play as many roles as the situation calls for. You may want to ask the student who wrote the paragraph to participate. Assign roles if no one volunteers.
10. Set the stage, prepare the audience and role play the situation.
11. Complete as many role plays as time permits.

ACTIVITY 4: SESSION SUMMARY

TIME: 5 minutes

METHOD: Lecturette

1. Remind the students that there is only one more SMART lesson left.
2. Remind students that adults can influence them to use or not use drugs.
3. Explain to them that tomorrow they will be asked to demonstrate how they will respond when being offered a drug.
4. If time permits, have the students complete the worksheet, STANDING UP FOR MYSELF (Page 14) in their workbooks, in preparation for the final SMART session.

SESSION TEN

STANDING UP FOR MYSELF

OBJECTIVE

Students will be able to make a commitment to how they will respond in situations where they might be offered drugs.

MATERIALS

Videotaping Equipment (if available)

ACTIVITY 1: PROJECT REVIEW

TIME: 5 minutes

METHOD: Lecturette

1. Explain to the students that you would like to review some of the activities and things they have learned in Project SMART.
2. Ask the students:
   a. What types of pressure people use when offering drugs.
   b. What techniques they can use to say "no".
   c. What consequences there might be in using/not using drugs.
   d. Who and what influences us to use and not use drugs.
3. Remind the students that practicing ways to say "no" might help them to refuse drug offers in real life.

ACTIVITY 2: STANDING UP FOR MYSELF

TIME: 20-40 minutes (Depending on playback time if video equipment is being used.)

METHOD: Lecturette/Class Activity

1. Have the students turn to the worksheet, STANDING UP FOR MYSELF (Page 14) in their workbooks.
2. Explain that all students will have the opportunity to come up to the front of the class and read part of their scripts.
3. Have the students look over their completed scripts and place a star by the two answers they want to read aloud.
4. If anyone was absent during the last SMART session, have them complete the worksheet STANDING UP FOR MYSELF while others begin reading.
5. Explain to the students that:
    a. When they come up to the front of the room they are to tell you which questions they want to answer.
    b. You are going to "interview" them using those questions.
6. Review the following pointers for reading their scripts:
    a. Don't hold the paper in front of your face.
    b. Speak loudly, slowly and clearly.
    c. Look up as much as possible.
    d. Wait for the interviewer to begin the conversation.

7. Have the skill leaders read their scripts first. Ask for volunteers to read their scripts in front of the class. If no one volunteers, call on students. Ask each student which two questions he wants to answer. Ask him the questions in interview style.

   NOTE: The interviewer may ask impromptu questions after the student finishes reading. These might include:

   a. Do you think you will ever be a smoker? Why or why not?

   b. What is the best technique you have learned to say "no"?

   c. Why do you think people should stay away from drugs?

   d. Who has been a positive influence in your life to not use drugs?

8. If using video equipment, play back the commitments to the class.

9. Congratulate the students for their fine work.